Unit General Ward RulesUtah State Hospital Forensic Unit
Policy and Procedure Manual

The Service Management Team's of the Forensic Building Area of the Utah State Hospital has reviewed the Forensic Unit Policy and Procedure Manual and grants the approval for its use. These policies are made available to all employees on the Forensic Unit. The Utah State Hospital Executive Staff also reviews these policies to assure they are consistent with the hospital mission and vision and a representative signs for the Executive Staff.

The policies and procedures in this manual are reviewed annually or more frequently (as needed) by the Service Management Team. As changes are made during the year, the policy date is revised to note the month of change and the revised policy is distributed to all Forensic Unit staff. Until the revision of the policy and procedure is complete, a memorandum is placed in the Communication Book in each area to advise staff of the changes.

Reviewed by Forensic Service Management Team and by Hospital Executive Staff 03-11-02:

_____	_____
Don Rosenbaum, Date	Mark Keller, Date
Unit Administrative Director	Unit Administrative Director
_____	_____
Leslie Miles, UND Date	Dave Richardson, UND Date
_____	
Richard Polster, UND Date	
_____	_____
Peter Heinbecker, M.D., J.D. Date	Dallas Earnshaw, Date
Unit Clinical Director	Hospital Assist. Clinical Director

WHILE WE STRIVE TO ENSURE THE PEACE AND SECURITY OF THE CITIZENS OF UTAH, WE ARE DEDICATED TO HUMANISTIC INDIVIDUALIZED TREATMENT, AND USE OF THE LATEST METHODS IN EVALUATION AND TREATMENT OF THOSE REFERED TO US. WE WILL DEVELOP COOPERATIVE RELATIONSHIPS WITH OTHER AGENCIES TO PROVIDE CONTINUITY OF CARE.

WE WILL CREATE A SECURE SUPPORTIVE ENVIRONMENT WHERE OUR CUSTOMERS ARE VALUED PARTNERS IN EVALUATION AND TREATMENT.

The Forensic Building is divided in to three units. Each unit has a full staff assigned to it. Each unit is led by a Service Management Team (SMT). These management teams are made up of staff who specialize in administrative and clinical services. The teams are formally comprised of a Unit Administrative Director, a Physician and a Unit Nursing Director. Each of these individuals focuses on a specific component of the unit needs. In addition to the SMT,

regular Natural Management Team (NMT) meetings are held. The NMT consists of the members of the SMT, discipline representatives from Psychology, Social Work, Occupational Therapy and Recreation. This meeting addresses unit programming issues and areas of general concern.
The Administrative Director's (AD) focus is on the general welfare of the units and the related policies and procedures. The AD is aware of any concerns of the unit and staff as a whole. The AD manages and maintains the budget and coordinates efforts with each SMT member to ensure continuity of Forensic Services. The AD is also responsible for the planning, coordination and implementation of all programming on the Unit. The AD will work with the SMT and other disciplines to ensure continuity of services provided. The physicians focus is on the general well being of each patient on the unit, clinical staffings and treatment planning, and clinical interventions related to all patients on the Unit. The Unit Nursing Director's focus is on the clinical and treatment issues related to the direct nursing care of each patient. The UND directly supervises the nursing personnel in their duties and is involved in general unit concerns and programming issues as it relates to the nursing staff and patient care issues.
The two main branches of organizations in the Forensic Building are Administrative and Clinical. There is a great deal of overlap in organizational responsibilities and the SMT works together to keep each other informed about important clinical and administrative issues. Regular meetings allow each member to give their input into the total management of the Forensic Unit.

POLICY:

The Forensic Unit has a Plan for Services in order to provide quality patient care on a consistent basis.

PROCEDURE:

1. The Unit is known as the Forensic Unit and is divided into four areas, known as 1, 2, 3, and 4.
   Area 2 is currently closed and will remain closed until additional state funding is provided.
2. The Forensic Unit is located on the southeast end of the campus. The patients are housed on the 3 treatment units with the majority of the staff offices located on the main hall of the building. The visiting room is located near the entrance. The patients dine on their individual unit.
3. Patients are admitted to each area with special safety and security needs being taken care of in Area I.
4. The population consists of male and female patients involved with the adult criminal justice system, (and occasionally from the civil courts), from the entire State of Utah. These patients are admitted for evaluation and/or treatment purposes. The legal commitments for which a person could be admitted to the unit are as follows:
   - 4.1. Guilty But Mentally Ill pursuant to Utah Code Annotated §77-16a & 77-16;
   - 4.2 Mentally Ill Nonadjudicated persons
     - 4.2.1 Not Guilty by Reason of Insanity pursuant to Utah Code Annotated §77-14-5(2);
     - 4.2.2 Not Competent to Proceed pursuant to Utah Code Annotated §77-15-6;
     - 4.2.3 Court ordered Forensic Evaluations pursuant to Utah Code Annotated §77-15-5(2);
     - 4.2.4 Persons who are civilly committed and difficult to manage in a less restrictive environment;
5. Patient capacity is 74 patients. When population exceeds 74, transfers are negotiated with the administration of the hospital to move patients to beds on other units of the hospital. Forensic Administration will also work within the administrative rule (R525-8) coordinating efforts with the courts to ensure the census does not exceed 74.
6. The FTE count by discipline is as follows
   - 3.0 Administrative Director
   - 3.5 Psychiatrists
   - 3.0 Unit Nursing Director

2.0 Psychologist
7 Social Workers
4.0 Therapeutic Rec. Specialist
1.0 Therapeutic Rec. Technicians
3.0 Secretaries
1.0 Office Manager I
16 Registered Nurses
9 Licensed Practiced Nurses; 10 FTE, 2 PT
3.0 Environmentalists
10 Psychiatric Technician Mentors
73 Psychiatric Technicians
0.5 Psychology Intern

7. Programming is specific to each area and there are also groups provided centrally.
Few patients are admitted for evaluation purposes but we engage them to
be involved in the therapeutic process and support them through the evaluation period. Programming is focused toward individualized treatment
as part of the recovery and restoration process. Examples of programming follow:

7.1 Individual and group psychotherapy
7.2 Vocational rehabilitation
7.3 Medication therapy
7.4 Recreational and leisure skills therapy
7.5 Family therapy
7.6 School and other educational opportunities
7.7 Diversional groups
7.8 Chemical dependency treatment and education
7.9 Anger management
7.10 Stress management and relaxation skills
7.11 Cognitive restructuring
7.12 Competency education
7.13 Social skills training
7.14 Sex offender treatment (REBT)
7.15 Self-awareness training
7.16 Occupational Therapy.
7.17 Nursing Groups: Focus,Self Esteem, Assertiveness, Recovery From Psychosis, and Symptom Management

This list is not exhaustive.

8. The purpose of the Forensic Unit at the Utah State Hospital is to provide a treatment and evaluation unit that is designed to meet the needs of patients of different legal status'. The goal of the program is to offer the patient the opportunity to develop a sense of responsibility, honesty, and to show care and concern for self and others, manage their mental illness and live productive lives. The benefits of the program offer a

feeling of success and self-worth for persons with a mental illness. The program is based on the premise that an individual is not susceptible to change in a setting where he is disturbed, degraded, and robbed of his dignity and self-respect.

POLICY:

The Forensic Unit provides employees with Standards of Conduct. These standards identify acceptable and unacceptable employee conduct. Employee performance evaluation and discipline are based upon compliance or non-compliance with these standards.

PROCEDURE:

1. General
   - 1.1 Attend all mandatory training sessions;
   - 1.2 Maintain current professional licenses required for employment;
   - 1.3 Conform to all state and federal laws and regulations and hospital policy and procedures;
   - 1.4 Comply with all lawful direction and instruction given by supervisors, directors, etc.;
   - 1.5 Report to work as scheduled unless excused by supervisor prior to scheduled shift;
   - 1.6 Remain at work assignment until properly relieved unless prior approval is obtained from supervisor;
   - 1.7 Take appropriate care of hospital and state property;
   - 1.8 Do not remove hospital or state property from hospital grounds without proper authorization;
   - 1.9 Provide accurate and thorough information to the best of the employee's knowledge, through appropriate channels, of any and all unusual incidents or inappropriate behavior involving staff or patients;
   - 1.10 Do not use their position for personal gain or benefit;
   - 1.11 Dress in accordance with Utah State Hospital Employee dress and grooming standards.
2. Staff to Staff
   - 2.1 Treat each other with respect and dignity at all times;
   - 2.2 Do not participate in gossip, rumors, backbiting, or any other activity concerning other hospital employees that would in any way undermine staff morale or subvert supervisory authority;
   - 2.3 Ensure that social interaction with other hospital employees does not inappropriately influence, affect, or prejudice in any way the performance of one's work;
   - 2.4 Do not criticize, reprove, chastise, or discipline other employees in the presence of their peers or patients;

1. Forensic Unit is an equal opportunity employer.

2. Personnel in each category of employment i.e. Psych Tech, RN, LPN, Social Worker, etc. are employed to do the tasks and responsibilities of that position. Gender is not an issue.

3. The Forensic Unit maintains the dignity and privacy of each patient and as such a Forensic male staff member deals with Forensic male patient and a

female staff member with female patients, with reference to bathing and toileting issues if at all possible. However any staff members may also be asked to work with patients in these areas.

4. Escorting patients on grounds requires the appropriate ratio of staff to patients. The Forensic Unit Administration expects that the staff member employs good judgment in escorting issues.

POLICY:

Patients are admitted to the Forensic Unit in a secure manner maintaining respect for the individual, his personal dignity, and his personal property.

PROCEDURE:

1. Each patient is admitted only if the patient is accompanied by the appropriate court papers properly ordering admission.
2. Patient will be admitted through the admissions area and escorted to the assigned
   unit by at least two staff members.
   - 2.2 Female patients are admitted to Area 3 unless specified differently by
     the unit physician and/or the unit administrative directors.
3. The face sheet is filled out by the secretary, but it is the responsibility of the assigned social worker to assure all information is accurate and complete.
   - 3.1 The RN completes the face sheet when the secretary is not available.
4. Central Control (CC) is responsible to assure that the following people are notified of the admission;
   - 4.1 The Unit Administrative Director
   - 4.2 Unit on-ward personnel (RN and SPT)
   - 4.3 Shift supervisor if the admission is during the evenings/nights/weekends;
   - 4.4 Medical on-call physician (or nurse practitioner during daytime hours Monday through Friday).
5. The RN coordinates the admission procedures according to the admission checklist .
   - 5.1 Unit psychiatrist/Designee (or on-call psychiatrist);
6. The patient is never out of direct staff supervision until admission procedures are completed.
   - 6.1 Forensic staff assigned are responsible for a complete search of the patient as the patient is showered in.
     - 6.1.1 The staff follow the protocol taught in staff training for searching (external) the patient during this procedure.
7. Patient's valuables and property are labeled and stored appropriately.
8. The patient is reassured through supportive communication during the admission process to enable the staff to start building a trusting relationship with the patient.
9. The patient is oriented to the unit as outlined on the Nursing Admission Assessment.
10. The Forensic Unit Patient Admission Procedure Checklist is completed by nursing staff.
11. Forensic Secretary Admission Procedure Checklist is completed by secretarial staff.

Utah State Hospital Forensic Unit
Patient Admission Procedure Checklist

Patient Name_____**Date**_____

Staff Initials

_____ 1. Notify secretary and administration of admission.
_____ 2. Complete information face sheet (RN if off hours)
_____ 3. Call patient's name to the switchboard and cafeteria.
_____ 4. Take pictures of patient. Minimum of 3. One for chart, medication record, patient board on the unit.
_____ 5. Shower patient in. Report to RN if suspected lice for follow-up.
_____ 6. Shakedown and list all personal items of clothing/valuables on the patient belongings form. Patient and employee needs to sign the forms.
Note* If patient not able to sign form, two staff need to sign the form (SPT).
_____ 7. Complete the elopement form.
_____ 8. Assign a valuables bin and place valuables inside, indicating on the patient's belongings sheet that the items have been placed in storage.
_____ 9. Check for any money or checks and give to the environmentalists.
_____ 10. Give the patient 3 sets of admission clothing and indicate on the patient belongings form that they are USH clothing.
_____ 11. Notify the environmentalist if patient has special clothing needs to be procured.
_____ 12. Wash and dry the patient's personal clothing and return the clothing to the patient.
_____ 13. Orient the patient to unit, patient rights and unit rules.
_____ 14. Make a patient admission data note in echart after the RN's entry.
_____ 15. Add patient's name to the daily roll.
_____ 16. Place patient name, status and picture on the status board.
_____ 17. Have patient fill out the client self-assessment form and return to secretary.
_____ 18. Get the patient hygiene items and establish a bin for them. Get a new razor and record in the sharps log.
_____ 19. Ask patient who they authorize to pick up belongings on discharge.

20. Record on nursing cardex.
21. SPT to check that all admission items are completed.

Staff Initials	Staff Corresponding Signature	Staff Initials	Staff Corresponding Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If patient is unable to be present during the process packing their belongings, a PT and a SPT will complete the items and sign the patient belongings sheets.

Patient Name/Admit Date: Date completed:

___ Call Administrative Director (AD),or designee to check order

_____

___ Do intake (face sheet), get signed release for record request

_____

___ Call ADT (44642)

_____

___ Take pictures

_____

___ Picture follow up (print pictures)

_____

___ Make copies, distribute (self, evaluators, AD/Office Manager, Medical Records, Legal Services, Social Worker, Working Chart)

_____

___ Pick up blue cards, take to unit along with copy of face sheet, order, name tag, and 3 pictures for unit

_____

___ Request information (letter/call)

_____

___ Enter e chart relationships (treatment team, self, family, Attorneys, Judge)

_____

___ Do merges and footer (MPN, DSH, PRN, ICTP)

_____

___ Follow up on requested information (3 day follow up)

_____

___ 24 hr follow up on informed consent

_____

___ 72 hr follow up on face sheet (e-chart), religious release

_____

___ Informed consent to Legal Services

_____

___ Complete religious information and send to (Medical Records)

_____

It is the policy of the Forensic Program to ensure that intra-program transfers occur
within the Forensic building in an efficient manner and are in the best interest of the patient.

POLICY:

Patient property in the unit's possession is treated with care and respect and is returned to the patient in the same condition it was received by the unit.

PROCEDURE:

1. A complete description of patient belongings is made on the patient valuable sheet upon admission or receipt of the belongings.

    1.1 The disposition of belongings in the unit's care is marked as "in storage" on the patient valuable sheet.

    1.2 The patient reviews the valuable sheet to be sure there is no discrepancy.

    1.3 The patient and staff member who listed the belongings sign the bottom of the valuable sheet.

        1.3.1 If the patient refuses to sign, a second staff member signs for the belongings.

    1.4 Items in the care of the unit are labeled with the patient's name and placed in the patient property room.

    1.5 Items remain in this room until the patient is discharged or attains a level that will allow possession of the items.

    1.6 When items are removed from the property room, the change in disposition is noted on the patient valuable sheet.

    1.7 When a patient is discharged he has 30 (thirty) days to pick up his belongings or to notify the unit to make arrangements for a person to pick up the items.

2. Storage of patient belongings is limited to 1 box.

    2.1 When the patient has more than one box to store, arrangements must be made to send some of the patient's belongings home.

    2.2 Administrative exceptions may be made for long term patients.

3. Property in the documented possession of the patient is his responsibility to care for.

4. The Forensic Unit is committed to address individual patient needs for adequate clothing while they reside in the facility.

    4.1 Upon admission a patient will be issued 2 sets of clothing, 3-4 underwear,
    1 bra according to need.
    Used shoes will be provided if the patient needs 1 set of foot wear.

    4.2. The assigned social worker (SW) will contact the patient's family within 72

hours of admission and review with the family of what appropriate clothing
is required for the patient while the patient is at Utah State Hospital.

4.3. After the SW contacts the family, he/she will e-mail the environmentalists
and inform him/her of what the family can provide for the patient.

4.4. If needed evaluation patients will be provided a maximum of 3 complete outfits, 4
underwear, 4 pair of socks, 1 pair of shoes and 2 bras (female) from the
clothing center within 2 working days.

4.5. No catalog shopping will be allowed for patients on Evaluation status.

4.6. Any hospital clothing will be returned to the hospital upon discharge, laundered and returned to the clothing center.

4.7. Treatment patients who are unable to do an industrial and do not have resources to obtain their own clothing will be provided 4 outfits, 5 pair of underwear, 5 pairs of socks, 1 pair of shoes and 2 bras
(females).

4.8. Treatment patients can purchase clothing wants above the limits as long as
they do not exceed unit storage limits.

4.9. If a patient is working and has clothing needs above the ones listed on
item #8, the treatment team will submit a written program, including the
patient's budget to the treatment team for approval before more clothing
will be obtained.

4.10. Patients who wish to purchase items from retail providers must contact the
environmentalist group to purchase. Orders will be placed monthly.

4.11. Shopping trips may be provided for those patients on the appropriate level and status.

4.12. Patients can not purchase items for another patient during a shopping trip.

4.13. If a patient's clothing becomes unsuitable due to weight gain or weight loss,
the patient may return the hospital clothing to the environmentalists to be
traded for appropriate clothing.

4.14. Clothing will not be switched for other reasons.

4.15. If a patient chooses to send items home, staff will pack up and log items off the patient belongings sheet. USH clothing will not be sent home.

4.16. Due to storage, safety and treatment issues limits have been placed on patient property.

FORENSIC PATIENT PROPERTY

Each patient is assigned one bin in the Patient Property room that they may store items that are in excess of the amounts of property allowed on the unit.

Hats:	Hats are limited to 3 on the unit. Only hats with appropriate logos are acceptable. No sexual/drug/vulgar logos will be allowed. Beanie hats are only to be worn outside or in your own room.
Headbands/Bandanas:	Headbands and bandanas are not allowed.
Sunglasses:	1 pair to be worn outdoors only.
Shoes and Boots:	No steel-toed boots (unless required by their industrial job). May have 4 pair of shoes/boots (slippers and bathroom shoes are not included).
Pants and Shirts:	May have a total of 25 in any combination (including dresses, skirts, pants shorts, sweats, shirts, and T-shirts). P.J.'s are not included in the count. When new items are purchased or brought in, an equal number will need to be traded out.
Undershirts:	May have 7 undershirts.
Socks/Underwear:	One dozen socks and one dozen underwear. Female patients are allowed 5 bras. Only knee high nylons are allowed. No tights or hose allowed.
Coats:	1 coat and 1 light jacket.
Gloves:	1 pair of work gloves and 1 pair of gloves.
Scarves/Ear Muffs:	1 scarf, 1 earmuff.
Ties:	2 ties (Must be kept in blue bin at nurse's station.)

Belts:	2 belts (no large buckles). When not in use they must be locked in patient's locker.
Earrings:	3 pair on the unit. Only studs and small hoops are allowed. (No bigger than the diameter of the patient's pinky finger.) Earrings are to be worn only in ears. One earring per ear. (Maximum of two earrings per patient). Piercings are not to be performed at Utah State Hospital.
Rings:	1 band ring is allowed (no bulky rings).
Necklaces:	Limit of 2 necklaces (including ones made in crafts). No thick necklaces, no metal crucifixes or medallions are allowed.
Watches:	Limit of 2 watches.
Wrist/Ankle Wear:	Nothing bulky and a limit of 2 (including ones made in crafts).

Note: Patients must sign a liability waiver in order to possess any valuable items on the unit. Otherwise, the items will be sent home or secured in storage for safekeeping.

Miscellaneous Items:

No plastic bags.
No big boxes (only small shoebox sized ones that fit into the lockers).
No luggage, backpacks, or duffle bags.
One small waist-packs only.
No Lighters.
1 small stuffed animal in good condition.
No wire bound notebooks or ringed binders.
No personal exercise equipment.
No nick-naks.
No metal containers.
No picture frames.
No more than 10 books.
No cameras or recording devices.
No wallet chains.
No hanging anything on the walls (only in wardrobes).

ADL Supplies:

All ADL's (hair gel, sprays, etc.) will be locked up.

No glass containers are allowed on the unit.
All personal ADL products must fit reasonably into assigned blue bin and be kept at the
nurse's station. No items will be allowed without a MSDS (Material Safety Data Sheet). This is a hospital regulation.
Will use ADL supplies provided by the unit. If allergic to products provided, patient will
need to see the Nurse Practitioner for assessment.
May have two hair products (gel, mousse or spray) May have 2 bottles of cologne,
perfume or after-shave in plastic containers.
No body sprays or personal lotions.
No personal nail polish or remover (Unit provided in nail group).
No aerosol sprays allowed. No tanning lotions (Sunscreen provided by the unit)
No facial masks.
One comb, one brush, two toothbrushes, one deodorant, and one soap dish.
Limit of 10 cosmetic items (hair products not included).
Electric razors must be kept in blue bins.
All straight edge razors must be sponsored.
One hair dryer (you must be a level 1 to check out.) One Curling iron allowed. Must be
a level 2 to use.
No rubber bands for hair on Area 1. May have 5 scrunchies.
Personal boom boxes will not be allowed on the units because: Space, Cost, Disrespectful of others, Security issue (volume, place to hide things) and Cords are a risk.

Videos:	No owning personal videos
	No owning blank tapes
CD's:	No personal CD's are allowed
	Potential weapon if broken
Tapes:	10-tape maximum
	No borrowing tapes.
	Only store bought pre-recorded tapes are allowed.
	(No copied tapes).

No plug in cords will be allowed.
Walkmans are allowed on level 2. No Walkman speakers are allowed.

POLICIES & PROCEDURES

PATIENT COURT VISIT

POLICY:

Patients are sent on court visit from the Forensic Unit, according to the laws of the State of Utah and procedures of the unit, maintaining the respect for the individual, his/her personal dignity and his personal property.

PROCEDURE:

1. Each patient is turned over to a transportation officer only if the appropriate court order is presented to the unit for transportation of the patient to another facility.
2. The RN assigns a Senior Psych Tech (SPT) to complete the Patient Court Visit Procedure Checklist following the Forensic Protocol for Patient Belongings for Court Visits/Discharges.

Utah State Hospital Forensic Unit
Patient Court Visit Procedure Checklist

Patient Name_____
Date_____
Staff Initials

_____ 1. Make a photocopy of the patients belongings record sheets. Write "Court visit" and the date across the top of each sheet.

_____ 2. Check with the environmentalist if the patient has any money in his account. Collect all coffee shop cards and give to the environmentalist.

_____ 3. Check clothing and valuables from personal belongings list and make sure that all items are present and that no items are taken that do not appear on the list. Place items in white cardboard box with patient's name written on the box. Seal the box with tape.

_____ 4. Retrieve all USH admission clothing, launder and return to environmentalists.

_____ 5. Collect all USH library materials and return to the library return box.

_____ 6. Have patient sign the photocopied "court visit" belongings sheet that they have received all of their items. PT to sign also and place completed sheets in the patient's chart.

_____ 7. Make 2 photocopies of the completed "court visit" belongings sheet and attach one to the top of the patient's box with tape. Place the other copy in the patient's chart in front of the other belongings sheet.

_____ 8. Check with the nurses for any medications and discharge sheet that need to be sent with the patient. (RN/ LPN signature)

_____ 9. Retrieve patient locker key.

_____ 10. Record in Nursing Cardex the time of patient's court visit. Send an e-mail to the secretaries of the time the patient left on court visit. (RN)

_____ 11. Make a blue note entry in the progress note as to the time the patient left on court visit, behavior, attitude, etc…

_____ 12. Review the court visit checklist and ensure that all the items are completed before accepting the patient belongings to the patient storage area. (SPT)

_____ 13. Lock up patient belongings in the patient storage area, ensuring that the boxes are properly labeled and with the date of court visit. (SPT)

_____ 14. Notify the patient's SW via e-mail whether the patient has any belongings in storage. (SPT)
SW Name_____

_____ 15. Place Court Visit Sheet in the Forensic belongings log.

Staff initials	Staff Corresponding Signature	Staff Initials	Staff CorrespondingSignature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If patient is unable to be present during the process packing their belongings, a PT and a SPT will complete the items and sign the patient belongings sheets.

2.1 The SPT completes the list with the patient signing for all belongings that are boxed before the patient is released to the transportation officer.

2.2 Patient's boxed belongings are placed in the Patient Property room.

2.3 If the patient is unable to participate in checking their belongings, two staff members complete the checklist and sign for accuracy.

3. The RN completes the Court Visit Transfer Sheet and assesses whether a supply of medication should be sent with the patient.

Utah State Hospital
COURT VISIT TRANSFER SHEET

TO:_____DATE:_____TIME:_
_____
County Provider
For more information contact:
_____/_____/_____
Physician RN
SW
(USH Phone 344-4400) _____/ _____/ _____
Extension Extension Extension

For information needed after hours, please contact Forensic Central Control at 344-4111.

Diagnosis: Axis I
_____
Axis II
_____
Axis III
_____

Description of patient's condition:
_____
_____
_____
_____
_____
_____
_____
_____
Medications:_____
_____
_____
_____
_____
____
Medications Accompanying Patient:
NO_____**YES**_____**Amount**_____
Allergies:_____
_____
Next Kin:
_____
Address:_____

_____
Phone:_____
_____
RN Completing Form
Signature_____
Officer
Signature_____
Psych Tech
Signature_____

Original Copy: To accompany patient Yellow copy: Patient chart
Utah State Hospital Patient Identification:

Court Visit Transfer Sheet

3.1 The RN contacts the attending physician to obtain an order for a supply of medication.

4. The Psych Tech (PT) checks with the RN prior to turning the patient over to the officer and escorts the patient to the sally port vestibule to the transportation officer.

4.1 The PT ensures that the transportation officer receives a copy of the Court Visit Transfer Sheet.

4.2 The PT ensures that the transportation officer receives and signs for any medication.

5. The RN makes a progress note noting that the patient has left on court visit.

6. The RN makes a note on the cardex and roll that the patient is on court visit status and notifies the secretary of the date and time that the patient left on court visit.

PATIENT DISCHARGE

POLICY:

Patients are discharged from the Forensic Unit according to the laws of the State of Utah and procedures of the unit, maintaining respect for the individual, his personal dignity, and his personal property.

PROCEDURE:

1. Each patient is discharged only if the appropriate court orders are presented to the unit for release and/or transportation of the patient to another facility.

2. The staff who is notified of the discharge by the outside agency or transportation officer notifies the Registered Nurse (RN) on the

unit of the discharge.

2.1 The RN on shift notifies the Administrative Director, Unit doctor (or on-call doctor) that the patient is being discharged.

2.2 The Administrative Director or Administrator on call confirms the appropriateness of all discharges.

3. Prior to a patient being discharged, the Unit Administrative Director is responsible to contact those persons listed on the Tarasoff Warning. (USHOPP; Chapter Risk Management, Section 6: Tarasoff Warning)

3.1 The Unit Administrative Director may delegate this responsibility if necessary.

4. Notification of those persons listed on a Tarasoff Warning is documented in the chart and a copy is provided to the Legal Services/Manager/designee. (USHOPP; Risk Management, Section 6: Tarasoff Warning).

5. The RN assigns a Senior Psych Tech (SPT) to complete the Patient Discharge Procedure Checklist items 1 - 13. (See checklist)

5.1 The SPT notifies the Social Worker (SW) of any patient belongings left for resolution.

5.1.1 The SW notifies the family via phone or certified letter and documents contact on the Patient Discharge Procedure Checklist and in the patient chart.

5.2 The RN signs that all the discharge procedures have been completed.

5.3 All patient belongings are packaged, labeled and placed in the belongings storage area with a copy of the patient valuables list (inventory).

6. The RN takes the patient chart to the designated secretary.

7. The Licensed Practical Nurse (LPN) returns all unused patient medications to the pharmacy.

8. Unit Environmentalist will make the necessary arrangements to forward any Vocational Training/salary/checks that the patient may receive after discharge.

9. The unit Environmentalist will ensure that any debts or contracts with Utah

State Hospital are satisfied or arrangements are made to satisfy these obligations.

10. SW documents discharge progress not in chart.
11. The completed Discharge summary is forwarded to the appropriate agencies.
12. Discharge orders from the psychiatrist and from the medical services physician are written in the chart. Their discharge notes are documented in the appropriate progress note section.
13. Discharged patient chart is reviewed by unit secretary for completion and forwarded to Medical Records within 15 days of discharge.
14. On the day of discharge, the service area secretary completes a discharge notice and forwards to appropriate hospital personnel/departments, including Medical Records, ADT, Vocational Rehabilitation, Legal Services Manager, Business Office and census distribution area.
15. After 30 days, the assigned SPT will dispose of all patient belongings left as per the Patient Discharge Procedure Checklist.
    15.1 The assigned SPT completes items 14 - 20 on the Patient Discharge Procedure Checklist.
    15.2 The completed belongings list and Patient Discharge Procedure Checklist are given to the secretaries to be filed in the patient's brown chart.
16. Rings, earrings, watches, radios, special equipment, etc. are disposed following USHOPP policy (Patient Management Section 5: Disposition of Personal Patient Property)
    16.1 Forensic administration personnel will forward items to the Business Office after 90 days.

Utah State Hospital Forensic Unit
Patient Discharge Procedure Checklist

Patient Name_____
Date_____
Staff Initials

_____ 1. Complete Court Visit Procedure Checklist.
_____ 2. Give patient belongings to the patient or identified family member that is picking up the patient's belongings. Refer to Admission Checklist for who the patient authorized to pick up belongings.
_____ 3. Have the patient or identified family member sign the patient belongings sheet that they have received all of the items. SPT to also sign.
_____ 4. Sign in the patient belongings log that the items have been picked up and by whom.
_____ 5. Take name off of unit roll and checklists.
_____ 6. Call in the patient's name to the switchboard.
_____ 7. Make a e-chart data entry that the patient has been discharged (RN)
_____ 8. Discard patient razor in red disposal container and note in sharps log.
_____ 9. Remove name from cardex, ADL sheets, and area work sheets.
_____ 10. Remove picture from board.
_____ 11. Notify the cafeteria of the discharge.
_____ 12. RN verifies that discharge procedures have been completed.
_____ 13. Verify if patient have any money and coordinate with Environmentalist for disposition of funds to patient.

Disposition of belongings left 30 days after discharge:

_____ 14. Check with SW that the patient's family has been notified before disposing of items. Items to be disposed of 30 days after family has been contacted.
_____ 15. SW has notified the family via phone or certified letter. Date_____ (SW)
_____ 16. Two SPTs will go through the patient's belongings box and document the disposition of the items. Two SPTs will write on the patient's belongings sheet whether the items were sent to the clothing center

or to administration for storage and sign and date the belongings sheets.

_____ 17. Clothing and shoes are to be sent to the clothing center. Hygiene and paper products are to be disposed of.

_____ 18. All other valuable items (watch, wallets, jewelry, ID, glasses, Walkman, etc…) are to be placed in a manila envelope with the patient's name and date of discharge written on the front. Both SPTs will sign the sealed envelope and attach a photocopy of the patient's belongings sheets and take to the administrative storage area.

_____ 19. Document in the patient belongings log that the patient's items have been disposed.

_____ 20. Turn in the signed belongings sheets to the secretaries so that they can be placed in the patient's brown chart.

Staff Initials	Staff Corresponding Signature	Staff Initials	Staff Corresponding Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FORENSIC PROTOCOL FOR PATIENT BELONGINGS FOR COURT VISITS/DISCHARGES

PROCEDURE:

1. Staff will complete the Forensic Unit Patient Court Visit Procedure Checklist.
2. A photocopy is made of the patient's belongings sheets for court visits. The psych tech will write on the photocopy form "court visit" and the date that the patient is going on court visit.
3. 24 hours before the patient goes on a court visit, an assigned psych tech will assist the patient to go through all of their belongings and place them in a white box with the patient's name on the box.
4. All USH library books will be collected at this time and placed in a library return box.
5. All unit clothing will be collected, laundered and returned to the environmentalists.
6. Items will only be placed in the box if it is listed on the patient's belongings and valuable sheet.
7. Once the packing is complete, the psych tech and the patient will both sign the photocopy "court visit" patient belongings forms on each sheet.
8. If a patient is not available, two psych techs will complete the process.
9. The patient belongings SPT has to sign off on the court visit procedure checklist sheet that the court visit process has been completed properly and then places the patient belongings box in the Patient Property room.
10. Two photocopies of the signed "court visit" belongings sheets will be made. One will be placed in the patient box before the box is sealed with tape. The other photocopy will be placed in the patient's chart.
    10.1 Once the box is sealed, it is not to be opened unless two staff are present to confirm the box's contents and sign on the sheet with the date.
11. The only acceptable container other than the assigned bins to store patient belongings in the storage area is a box with their name clearly marked on it with the date of court visit or discharge.
12. The assigned SPT will check the Patient Property room once during the shift to verify that it is in a neat and orderly fashion.

12.1 The SPT will check with each of the units during their shift and ensure that all excess patient belongings and discharge belongings are properly secured.

12.2 Social workers and other nursing personnel will call Central Control (CC) to make belongings request.

12.3 The SPT will process patient requests to get belongings out of the patient storage area. Belongings will be distriguted to the units daily between 1000 - 1100.

12.4 The SPT will be responsible to document on the patient belongings sheet that the patient received the items.

13. When the patient is discharged, the assigned SPT is responsible to log on the patient's box the date of discharge and initiate the Forensic Discharge Procedure Checklist.

13.1 The SPT will notify the patient's social worker (SW) via e-mail if the patient has belongings or not in the patient storage area.

13.2 The assigned SW is responsible to contact the family and document their contacts.

13.3 A certified letter along with a photocopy of the patient belongings list will be sent to family, notifying them that the patient has belongings that need to be claimed within 30 days.

13.4 The SW will notify the SPT who will be picking up the patient belongings log and also a note with the information placed on the patient's box.

13.5 The individual name approved by the patient to pick-up their belongings can be found on the Forensic Admission Checklist form.

14. The assigned SPT will check daily for any patient belongings that are over 30 days for processing of contents.

14.1 Two SPT's will go through the patient's belongings box and document disposition of the contents.

14.2 Clothing and shoes are to be sent to the clothing center.

14.3 All other items are to be placed in a manila envelope with the patient's name and date of discharge written on the front. Both SPT's will sign the envelope and attach a copy of the patient's belonging sheets.

14.4 The two SPT's will write on the patient's belongings sheet whether

the items were sent to the clothing center or to administration for storage and sign and date the belongings sheet.

14.5 The completed belongings sheets will be given to a secretary to be filed in the patient's brown chart.

DISPOSITION OF PERSONAL PATIENT PROPERTY:

Policy:

Utah State statutes require the state to dispose of personal property left in the care of the agency within seven years. The statute does not require agencies to keep the property for seven years; personal property may be disposed of after a reasonable effort is made to contact the owner. Employees do not retain, use, or sell personal property of patients either as gifts from patients or as abandoned property.

Procedure:

1. **Clothing:** Clothing left by a patient may be disposed of after an effort to contact the patient is made.
   - 1.1 Thirty days after notification, if unclaimed, the clothing may be given to other patients or disposed of by the unit.
     - 1.1.1 Efforts of notification are documented in the patient's medical record.
2. **Rings, earrings, watches, radios, TV's, wheelchairs, special equipment, etc:** Items such as these that are left by patients may be disposed of after every effort to contact the patient or the patient's family has been made. Efforts to contact the patient or family are documented in the patient's medical record.
   - 2.1 If the patient is not located within 90 days, an itemized list is prepared and submitted to the Business Office.
     - 2.1.1 The Business Office will dispose of the items in accordance with state policy.
     - 2.1.2 Patient funds/accounts are transferred to the State Treasurer's Unclaimed Property Fund in accordance with state policy if the patient and/or patient's family cannot be contacted.

POLICIES & PROCEDURES

POLICY:

Utah State Hospital responds to elopements to ensure patient and community safety. In the event of patient elopement, hospital personnel follow a facility-wide procedure.

PROCEDURE:

1. In the event of an elopement, the person directly responsible for the patient's supervision immediately notifies the security department by radio and the switchboard operator by phone (44222).

    1.1 When reporting an elopement, a brief description of the patient is given, including name, age, hair color, clothes (if known), and last place seen.

    1.2 The staff responsible for the patient notify the unit charge RN.

2. Hospital security immediately coordinates with the unit personnel (or SSRN if after hours) a search of the hospital grounds.

    2.1 Unit staff acquainted with the patient and circumstances assist if and when appropriate with the on-grounds search.

3. If patient is suspected to have left grounds or is not located within 10 minutes, hospital security notifies local police.

    3.1 Security also notifies other police agencies of the elopement when pertinent to the situation, such as police from patient's CMHC catchment area.

4. The unit charge RN is responsible to ensure that all aspects of the elopement protocol are implemented.

    4.1 If during 8 am - 5 pm Monday - Friday, business hours, the RN notifies:

        4.1.1 Unit SMT members

        4.2.2 USH administration (USH administration ensures that the Superintendent is notified.

    4.2 The unit SMT is responsible, during business hours, to notify:

        4.2.1 CMHC

        4.2.2 Patient's family members

        4.2.3 Tarasoff person(s) if applicable

    4.3 If after hours, the unit RN notifies:

        4.3.1 SSRN

4.3.2 Unit AD

4.3.3 USH Psychiatrist OD

4.3.4 CMHC

4.3.5 Patient's family

4.3.6 Tarasoff person(s) if applicable

4.4 If after hours, the SSRN notifies:

4.4.1 AOD

4.4.2 Superintendent

5. The unit RN is responsible to document the elopement incident in the patient's record as well as the Patient Incident Reporting System (PIRS).

5.1 Unit personnel are responsible to document contacts and/or attempts to contact Tarasoff person(s), family members, and CMHC as outlined in this policy when they have responsibility to notify. The charge RN documents this if the elopement occurs after hours.

5.2 The AD is responsible to complete the administrative follow-up section of the PIRS as the elopement report to administration. The UND completes this if the AD is not available.

6. Any updated information regarding the patient who has eloped (such as information regarding whereabouts, safety concerns, return of patient, or other information) is communicated to USH administration by the unit SMT of charge nurse depending on the time the information is received. The charge RN keeps the SSRN updated each shift as to the status of the patient.

6.1 When patient is located, the RN follows notification protocols as outlined in #4 above.

7. The Incident Review Committee determines if the elopement qualifies as a sentinel event. If so, the unit SMT conducts a root cause analysis of the situation, which may include meeting with the patient community and other unit employees to assess the situation and make recommendations.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit provides the patients with a place to purchase items for consumption without having to leave the area.

PROCEDURE:

1. The internal workings of the unit coffee shop are supervised by an assigned psych tech (PT).
    - 1.1 These include, but are not limited to: finances, purchases, patient employees, and maintaining a safe and hazard free environment in the coffee shop.
    - 1.2 All staff and patients who handle food are required to have a Food Handler's Permit.

2. The coffee shop is mobile and moves from unit to unit on the assigned times.
    - 2.1 The PT assigned to work the coffee shop is responsible for cleaning the carts and locking all items away after the end of the coffee shop hours.
    - 2.2 The assigned PT for coffee shop is responsible for checking and recording the refrigerator and freezer temperatures daily.
    - 2.3 The assigned PT will adjust the refrigerator and freezer temps to be in compliance with health and safety standards.
    - 2.4 The staff on each unit will be responsible to see that the dining room areas are cleaned after coffee shop time.

3. Purchases from the coffee shop are made with coffee shop cards only.
    - 3.1 The cards are available through the unit environmentalist.
        - 3.1.1 The staff member in the coffee shop punches the patient's coffee shop card for the amount of purchase after making sure the name on the card matches the patient making the purchase.
    - 3.2 Cash is not accepted at the coffee shop.
    - 3.3 Credit is not extended to anyone.
    - 3.4 Purchases are limited to two food items and two drinks per patient during each time the coffee shop is open.

4. Patients are not allowed in the dining rooms unattended during coffeeshop.
    - 4.1 Patients who work in the coffee shop as employees must be visible and
      supervised while performing coffee shop responsibilities.

5. Coffee shop patient employees are only in the storage areas and dining rooms
   for coffee shop hours, cleaning of the coffee shop, inventory, and restocking.

6. The RN on shift may revise the hours that the coffee shop is open or ask that it be closed as he/she deems necessary for safety and/or security reasons.

7. Patients fill out their coffee shop order form and place them in the unit order box
at least 20 minutes before the scheduled coffee shop time for their unit.
    7.1 Coffee shop employees keep a list of items current and available to the patients on the unit.
    7.2 Staff assist patients in completing the order form with their name, unit and the items requested.

8. Staff cannot purchase items from coffee shop.

POLICIES & PROCEDURES

POLICY:

USH provides Safety Intervention Training to employees to enable staff to manage violent behavior or behavior that presents imminent danger.

PROCEDURE:

1. All clinical and direct patient care staff members are trained in Safety Intervention Techniques (SIT).
   1.1 Employees are required to attend mandatory follow-up training at least yearly.
2. All USH staff are required to attend a verbal techniques training as part of mandatory training.
3. SIT training emphasizes the theories of verbal intervention and escape techniques as outlined in the SIT manual.
   3.1 Physical intervention is used only as a last resort and only by personnel trained in hospital approved techniques.
4. Trained staff members only use techniques explained in the SIT manual.
5. Approved wrist lock holds are used only when a patient becomes violent and is a danger to self or others.
   5.1 This technique is not used on the Geriatric unit.
   5.2 This technique is used only on larger patients on the Children's Unit.
      5.2.1 On smaller patients, various types of one, two, or three person lifts are used. These are taught and reviewed every six months through unit inservice and are included in SIT manuals.
   5.3 This technique is used only when two or more staff are present.
6. When security personnel arrive on the scene, they guide the staff through the process of implementing safety technique procedures based on their training and expertise in handling security issues.
7. Physical restraint is initiated only when the nurse in charge determines that less aggressive interventions are inadequate for the safety of the patient, staff, and/or others.
8. The RN is accountable for all situations that occur on the unit and is

responsible to make or delegate decisions regarding the use of safety intervention techniques.

9. Personnel involved in an incident which requires safety intervention techniques document the incident on the Patient Incident Reporting System (PIRS), Progress Notes, and service area reports required by their respective service administrators.

    9.1 Such documentation includes a description of the incident and the types of intervention used and which personnel used the techniques.

POLICIES & PROCEDURES

POLICY:

Utah State Hospital will strive to eliminate the use of seclusion and restraint by achieving better understanding of patients and providing more therapeutic interventions.

1. When a patient is agitated or upset and exhibits a potential for causing harm to self or others, the least restrictive alternative to restraint and/or seclusion is considered.

2. Safety devices used to support physically incapacitated patients, such as orthopedic appliances, surgical dressings, bandages, and posey belts used to prevent patients from falling out of wheelchairs, shower chairs, or beds are exceptions to Special Treatment Procedures, and are not regarded as restraint or seclusion procedures (See Nursing Policy and Procedure Manual.)

PROCEDURE:

1. Less Restrictive Alternatives: Less restrictive alternatives include, but are not limited to:

   1.1 Use of deescalation procedures collaboratively identified by the patient and staff.

   1.2 Natural/Logical Consequences, Restrictions, or Limit Setting: Therapeutic community rules and/or individualized patient programs are negotiated through patient and staff involvement. Application of these firm limits and natural/logical consequences precedes, and may avoid the need for restraint or seclusion.

   1.3 Time-Out (TO): Time-out is brief, voluntary time in an unlocked room of a patient who is extremely anxious or acting out. The purpose is to minimize stimulation in order to allow the patient to calm down without having to use more restrictive alternatives. Each time-out is recorded in the progress notes documenting rationale for the use of time-out and the length of

time
patient spent in time-out.

1.4 One-to-One (1:1): The staff member must remain with the patient, within a reasonable distance as required by the circumstances, at all times. A 1:1 requires a doctor's order stating the rationale for its use. An RN may initiate a nursing order for a 1:1 based on a nursing assessment; the RN must call physician or OD for formal order. A 1:1 requires the RN to make a blue note at least once a shift indicating the patient's status. Nursing personnel are also required to complete the Hourly Check Sheet.

1.5 Direct Observation Status (DOS): DOS requires that staff maintain continuous direct visual observation of the patient. DOS requires a doctor's order which shall include the rational for DOS. A DOS order does not limit a patient to a specific area. It the patient is to be confined to a room or area, an order for area restriction must be written. If 15 minute checks or area restriction is necessary, a separate order for each is required. Patients on DOS are to be involved in treatment and programming to the extent possible. The patient to staff ratio for DOS watch is to be determined by the unit staff. However, the ratio is not to exceed one (1) staff per six (6) patients. Each patient on DOS is to have a regular room assigned where belongings may be stored. A note about the DOS patient is to be written by the RN each shift. The note should include a statement about the reason for the patient being on DOS.

1.6 Area Restriction (AR): AR is the restriction of a patient to a given area within the patient community or restriction of the patient's access to a certain area. AR requires a doctor's order including the rational for the order. An area restriction order is not to exceed seven (7) days without renewal. If the patient leaves the assigned area, staff must directly supervise him or her.
Patients on AR are to be involved in treatment and programming to the extent possible. If DOS and/or 15-minute checks are necessary, a

seperate
order for each in addition to the area restriction order is required. A note
about the patient on AR is to be written by the RN each shift. The note
should include a statement about the reason for the patient being AR.

2. These less restrictive alternatives shall not be used as punishment or for the
convenience of staff

POLICIES & PROCEDURES

POLICY:

The Forensic Unit staff perform drug screens on patients when the Unit Clinical Director, Unit Psychiatrist, or Psychiatrist On Call (with or without staff input) deems there is a reason to suspect any possible illegal drug use or trafficking. This is to help prevent the disruption of the therapeutic milieu and treatment on the unit and promote a safe environment.

PROCEDURE:

1. Whenever there is reason to believe that a patient is involved in elicit drug use or trafficking, the Unit Clinical Director, Unit Psychiatrist, or Psychiatrist On Call is notified by the RN on the unit.
   - 1.1 "Reason to believe" includes and not limited to; 1) any behavioral changes that are congruent with drug use, i.e. slurred speech, staggering gait, sudden changes in mood, glassy eyes, etc., 2) reports from witnesses that the person has been involved in drug use, and 3) contraband or residue found on the patient or in the patient's personal area.

2. The Psychiatrist orders a drug screen based on feedback from other Forensic
   Unit Staff Members congruent with 1 above.
   - 2.1 When the drug screen is ordered, a urine drug screen specimen is obtained in the following manner with the proper specimen container
     supplied by the nurses:
     - 2.1.1 The patient is informed of the procedure.
     - 2.1.2 The exact reason for doing the screen is communicated as the
       unit staff deems necessary.
     - 2.1.3 The patient is escorted to the restroom by a staff member who
       observes the patient from behind to assure a proper specimen
       is obtained in the proper specimen container.
     - 2.1.4 The specimen is given to the nurses for instructions as to delivery
       to the lab with the appropriate lab slips/paperwork.

3. The patient is restricted to the unit as an Elopement precaution.

4. If the results are positive, the Unit Clinical Director and Administrative Director are
   responsible (with input from the staff) to determine any necessary legal action.

5. The treatment team reviews the patients program status/step level and all

associated privileges, i.e. visiting list, on ward privileges, etc.

6. Patients who present themselves without cause, yet have a history of substance
abuse, may be subject to a drug screen for the following reasons:
   - 6.1 Part of their treatment plan to do random drug screens,
   - 6.2 Patient has attempted to Elope,
   - 6.3 Patient has been associating with a person who has been determined
     to be using elicit drugs and/or alcohol,
   - 6.4 Patient has had a recent home visit or on-grounds visit.

POLICIES & PROCEDURES

POLICY:

Multi-disciplinary clinical staff conferences are conducted on a regular basis to review
and evaluate each patient's treatment plan and his/her progress in attaining the stated
treatment goals and objectives.

PROCEDURE:

1. Multi-disciplinary clinical staff conferences are held, and updated assessments
and treatments are recorded in the patient's treatment plan.

2. The individual comprehensive treatment plan is reviewed and updated as frequently as clinically indicated, but in no case is this review and update completed later than thirty days.

    2.1 Each patient's individual comprehensive treatment plan is reviewed and updated by multi-disciplinary clinical staff conferences at least every thirty days to determine adequacy of the plan and/or changes indicated.

    2.1 Documentation of the thirty-day review is accomplished by completing the assessments update on the ICTP.

        2.2.1 Modifications or changes in the patient needs or long term goals are documented on the 30 day review.

        2.2.2 When diagnosis is changed, a new ICTP face sheet is developed.

3. Documentation compliance is monitored by:

    3.1 treatment unit internal review procedures, which include chart monitors;

    3.2 Utilization Review Coordinator/Nurse; and

    3.3 Medical Records Department chart review (upon discharge).

POLICIES & PROCEDURES

POLICY:

The Forensic Unit provides opportunities for the patients to develop work habits and attitudes, self-confidence, skills in dealing with peers and supervisors, and other work skills necessary to succeed in the community through a vocational rehabilitation industrial program.

PROCEDURE:

1. When a patient is admitted to the Forensic Unit, the patient's treatment team evaluates the patient for an on-unit industrial assignment.
    - 1.1 The Environmentalist completes the necessary paperwork for the patient to have a current Social Security card and a W-4 form.
    - 1.2 The environmentalist maintains a list of jobs on the unit for which the patient can be paid.
    - 1.3 The environmentalist initiates the industrial referral form for vocational rehabilitation services.
        - 1.3.1 The patient's social worker completes the referral form and sends the form to vocational rehabilitation.

2. When the patient is able to complete an industrial assignment, the patient may request a job on the unit (from the environmentalist). (See USH:OPP Rehabilitation Services Chapter Section 10 for more details.)
    - 2.1 The patient must be completing the necessary goals of treatment in order to have a job on the unit i.e. ADL's, group attendance, level, etc. The treatment team will make decision about referral to industrial.

3. When a patient completes a job on the industrial work assignment sheets, he is paid for the time he spent completing the job.
    - 3.1 The patient is paid by check issued through the Business Office biweekly.

4. Patients who are civilly committed/ GMI/NGI status and on Level 4 may be considered for off-unit industrial work assignments. Unit Administrative approval will be obtained for all off unit industrials.
    - 4.1 When the patient's treatment team deems the patient is ready for an off unit industrial, the environmentalist initiates the industrial referral form.
    - 4.2 Patient will have line of sight supervision while working off unit industrials.
    - 4.3 The patient's social worker completes the industrial referral form and sends the form to Vocational Rehabilitation Services for approval (See USH:OPP Rehabilitation Services Chapter Section 10. for more details)
    - 4.4 The social worker or designee is responsible to accompany the patient to any Vocational Rehabilitation appointments.

5. Patients on off unit industrial assignments are directly supervised by hospital staff members.
    5.1 A staff member from the unit calls the place of industrial assignment to let the staff know that the patient is on his way to work.
        5.1.2 A staff member at the place of the industrial assignment calls the unit to let the staff know that the patient is on his way back to the unit.
    5.2 Patients who have a blue pass may go to work and return to the unit unescorted. All other patients must be escorted.

6. Industrial work assignments do not supersede the patient's treatment but are an integral part of the patient's treatment.
    6.1 Patients may be required to return to the unit from their industrial assignment for individual and/or group therapy.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit offers dining room privileges to the patients as part of their therapeutic milieu.

PROCEDURE:

1. Unsupervised patient access to the dining room on each unit is granted when an order is written for the patient to have Level 3 or Level 4 (C & D) status, or others specifically cleared by administrative and clinical staff.

2. Patients must have a staff member serve them any unit food items. This is a health regulation.

3. Patients who have this privilege are expected to ensure that the dining room remains clean and clutter free.

4. Structure: Responsibilities and Consequences
   - 4.1 It is the responsibility of all patients and staff who utilize the dining room to clean up immediately afterwards;
   - 4.2 Assignments for cleaning the dining room are made through the unit environmentalist to patients to do routine cleaning;
   - 4.3 Ordering of supplies for the unit in general is assigned to a unit environmentalist.

5. Individual patients who can not abide by the above expectations will have their
   level dropped according to team recommendations.

6. If problems arise where there is non-compliance with the above items, the RN may close the dining room for a period of time until the community can meet to resolve the pertinent issues.

7. Definition of snacks
   - 7.1 Snacks are defined as:
     - 7.1.1 Items purchased by patient.
     - 7.1.2 Prescribed snacks sent for patient and ordered by MD/RNP;
     - 7.1.3 Items ordered by unit from the hospital storehouse, i.e. fruit, bread, milk, juice, crackers, etc.

POLICIES & PROCEDURES

POLICY:

The music/relaxation program provides the opportunity for responsible patients to benefit from listening to relaxation tapes outside of formal Stress Relaxation Groups.

PROCEDURE:

1. Patients who are on Level 1 and above have the privilege of using the group room to listen to music.
2. When patients are using this privilege, they must be where staff can easily observe them through the window.
3. Patients will check out the radio from staff in the nursing station.
4. The radio may be checked out for 1 hour periods of time.
5. Patients will turn in the radio to staff when they are finished listening to music.
6. Staff will inspect the radio when it is turned in to ensure that it is not damaged.
7. If patients damage the equipment, they will lose their level and will be responsible to pay for a replacement radio for the unit.
8. The radio will be disarmed to prevent any tape recording.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit maintains adequate nursing coverage on a 24 hour basis, 365 days per year.

PROCEDURE:

1. Coverage

    1.1 Minimum coverage for the Forensic Unit

        1.1.1 Day Shift: 3-RN, 3-LPN, 16-Psych Tech (PT).

        1.1.2 Afternoon Shift: 3-RN, 3-LPN, 16-PT.

        1.1.3 Night Shift: 3-RN, 10-PT.

            1.2.2 Minimum coverage for Central Control

                1.2.1.1 Days/Afternoon/Nights 1 Senior Psych Tech (SPT)

                1- PTM in Central Control and 1 SPT on units

    1.2 Notification of less than minimal coverage

        1.2.1 If for any reason, coverage is less than the minimum, the RN on duty notifies the Staffing coordinator (0830 to 1700 Monday through Friday) or the Nursing office in the Administration building 44262.

        1.2.2 The shortage and need for acuity personnel is reported at least 30 minutes prior to Change of Shift by the RN on duty.

2. Responsibility of Shift RN:

    2.1 The RN on shift is in charge for their assigned unit and is responsible for that shift.

    2.2 The RN may delegate duties to the LPN, SPT, and PT.

    2.3 Any problem arising on the shift is to be assessed by the RN.

    2.4 The decision for resolving the problem is the responsibility of the RN.

3. Charting and Documentation:

    3.1 It is the responsibility of the RN to assign each PT a designated number of patients to interact with and document on for that shift.

    3.2 The Psych Tech is particularly aware of the behavior and activity of the patients he/she is assigned that shift.

    3.3 The Psych Tech (PT) makes at least one BIRP entry in the patient's E-chart per shift relating to the general overall condition of the patient and his progress or lack of progress toward his ICTP problems.

3.4 Any unusual behavior of a patient is charted by the staff who observed the behavior even though the patient may not be assigned to him/her that shift.

3.5 When a patient is placed in restraints or seclusion, a PIRS Report is entered.

3.5.1 Patient will be on 1 to 1 status for first hour.

3.5.2 PT checks patient every 15 minutes and documents on PIRS Report.

3.5.3 RN will assess patient at least every hour to determine whether seclusion and restraint can be discontinued and will document findings.

3.5.4 The RN is responsible to complete the debriefing process and document.

4. Standards for RN and LPN:

4.1 The RN or LPN is responsible to chart all medications he/she administers during the shift.

4.2 Any PRN medication given is entered in the PRN medication administration record indicating the time, reason, and the response the patient had to the medication given.

4.3 The RN makes an assessment and then makes an entry in the patient progress note when a patient is placed in seclusion and/or restraints, hourly and again when the patient is taken out.

4.4 The RN is responsible to ensure all flow sheets, PIRS, etc. are filled out completely and correctly.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit ensures the safety of the public through providing adequate security at all times when escorting patients off-grounds for medical purposes or activities while maintaining consistent treatment and a sense of integrity for the patient.

PROCEDURE:

1. Patients who are here as Prison Transfers are not escorted off-grounds by Utah State Hospital Employees.

    1.1 If there is a need to do such for any medical reasons, court appearances, or transfer back to the Prison this is coordinated through the Forensic Administrative Director and Correctional Administrators and the patient is transferred by prison officials only.

2. Patients who are leaving the grounds for a recreational activity, shopping trip, etc., are cleared by the administrative and clinical staff through their levels.

    2.1 The Clinical Director must also give his approval each time a list is cleared to take patients off-grounds.

        2.1.1 At any time after the list has been cleared if the patient's condition/status changes, the RN can make a decision to hold a patient back from the activity until re-evaluated by the physician.

    2.2 The Administrative Director or designee must also give approval each time a list is cleared to take patients off-grounds.

    2.3 When staff take Level 3 and 4 patients off grounds there must be a minimum ratio of 1 staff member for 3 patients. Minimum of 2 staff will attend the activity.

    2.4 Level OBS, 1, 1P, and 2 patients are not approved for off grounds activities.

3. Patients who are not Prison Transfers and who are leaving the unit for medical reasons for tests, surgery, or other forms of treatment are transferred by hospital transportation or unit personnel.

    3.1 Patients who have been admitted to the Forensic Unit are assessed by psychiatrist as to whether they need to be transported in wrist-to-waist restraints.

        3.1.1 The Psychiatrist may require wrist to waist or leg restaints if the patient's security level indicates the need for restraints.

    3.2 Patients who are on DOS are transported in ankle or wrist restraints

if the physician and RN feel it is necessary (based upon input from the team).

3.4 A physician's order is required instructing the staff in the manner of restraint or no restraint needed in transporting the patient and indicating staff coverage;

4 The appropriate consultation forms are taken with the patient according to the Patient Management Manual.

4.1 The patient charts remain at the hospital unless requested by the consultant.

5. Any patient requiring off grounds medical care for an extended period of time has 24 hour staff coverage while off grounds.

5.1 The unit physician or Unit Clinical Director is responsible to order the appropriate form of restraint for the patient.

5.2 The amount of staff coverage is determined by the Unit Clinical Director, the Unit Administrative Director, and the Unit Nursing Director.

POLICIES & PROCEDURES

POLICY:

Adequate security when escorting patients off the unit is provided to ensure the safety of the employees, patients, and community.

PROCEDURE:

1. Whenever patients are escorted off the unit they must be on the appropriate level
according to the unit program as approved by staff, or have a Doctor's Order for a
special procedure such as an appointment for a clinic visit.

1.1 Patients leaving the unit must fill out a sign-out slip according to the sign-out
procedure in the unit program.

1.1.1 If the patient is not capable of completing the form, a staff member
completes the sign-out form.

1.2 Patients are allowed to go with staff on a 1:1 if it is with the patients' social
worker, psychiatrist, or psychologist, and if it is for treatment issues. The
patient must have on grounds privileges per program.

1.2.1 It is at the discretion of those listed above as to whether the patient is
appropriate to leave the unit, considering the feedback of the

on-ward
staff and the RN. The staff escort is responsible for the patient. Communication radios will be used.

1.2.2 Graduate students are considered staff members and may sign patients off the unit for therapeutic reasons as approved by their
Supervisor and according to the unit program.

1.2.3 Undergraduate students are not to sign patients off the unit unless it is
cleared by their supervisor and may only take patients to the staff offices
inside the building for evaluations, assessments, or other therapeutic
processes.

1.3 Evaluation patients do not leave the building except for medical purposes with doctor's orders.

1.4 Patients on AR/DOS are not to be signed off the unit by any staff member
except to take them to the staff members' office for assessment or evaluation.

1.5 OBS and Level 1 and patients are not to be signed off the unit except for
assessments, evaluations, exercise room, gymnasium or medical purposes.

1.6 When Level 2-4 patients leave the Forensic Building, staff must have a ratio
of 1 staff per 2 patients, with a minimum of 2 staff per activity.

1.7 When Level 3 & 4 patients leave the Forensic Building for reasons other
than those listed above, staff must have a ratio of 1 staff per 3 patients,
with a minimum of two staff.

1.8 Only levels 3 and 4 may leave the building after dark and a ratio of 1 staff
per 2 patients is required.

1.9 A radio is taken by one of the staff escorts to provide adequate communication with the unit and security.

10. Patients should be dressed appropriately when leaving the unit and are not
allowed off the unit if they have poor hygiene.

11. Patients off the unit must stay together in the group with the staff

assigned
to be their escorts.

11.1 Patients may be assigned in one-to-ones as a measure of security
and they must always be next to their one-to-one.

12. Because of the security needs of the Forensic Unit, socializing with employees from other areas of the hospital or patients from other units must be supervised and monitored by the staff members escorting the group off-ward.

12.1 Only one interaction with persons not with the group may occur at a time so as not to distract all the staff members escorting the group.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit facilitates the patients in choosing a "Patient of the Week" .

PROCEDURE:

1. Each week a patient is chosen as "Patient of the Week."

1.1 A person who is voted to be Patient of the Week shows that he has been exceedingly appropriate in his dealings with peers, staff and his treatment plans and objectives.

1.2 A weekly patient meeting is held and it is discussed who should be Patient of the Week.

1.2.1 The patients who were nominated wait outside the room while the remaining patients vote for the Patient of the Week.

1.2.1.1. The nominee with the most votes is the Patient of the Week.

2. Rewards for Patient of the Week:

2.1 Voucher for 1 candy bar from the coffee shop

3. The Patient of the Week is reported to the Morning Staff Meeting by the Patient representatives.

3.1 The staff provide the reward.

POLICIES & PROCEDURES

POLICY:

It is the policy of the Utah State Hospital and the Forensic Unit to provide

physical
therapy for patients in need of this service.

PROCEDURE:

1. Individuals sent to the Forensic Unit for evaluation will not be refererred
to and receive physical therapy unless there is critical medical need.
2. The Nurse Practitioner or Unit Psychiatrist determines if a physical therapy evaluation is needed and writes an order for an evaluation.
3. The RN/LPN notes the physician order sheet, fills out the evaluation request and makes an appointment with the Physical Therapy Department for an evaluation.
4. The RN verbally notifies or e-mails the unit psychiatrist and administrative
director of the evaluation and together they decide the risk level of the patient in the Forensic Unit setting.
5. The patient is accompanied and supervised by a psych tech during the physical therapy evaluation.
6. The unit psychiatrist or nurse practitioner reviews the report of the physical therapy evaluation and determine the level of need for physical therapy treatment then writes the order if determined the need warrants the risks involved for the forensic patient.
7. The RN/LPN notes the order and sets up appointment times with the Physical Therapy Department.
8. If the patient is unable to attend a scheduled physical therapy appointment, the Physical Therapy Department is notified by the RN or designee.

POLICIES & PROCEDURES

POLICY:

Patients have the privilege to have personal pictures on the unit as long as they do
not have a negative influence on the patient's therapy or the unit milieu.

PROCEDURE:

1. Patients are allowed to have pictures of family and friends unless they are victims of the patient's crime or the pictures are sexually inappropriate.
2. Patients are allowed to have paintings or art work done with therapists.
3. Patients are allowed to have commercially made posters when approved by
the treatment team.
4. Unapproved pictures must be kept locked in storage until approval of use

by the
treatment team or until the patient is discharged.

5. Patients who abuse this structure will have pictures confiscated and given to their
social worker for disposition.

POLICIES & PROCEDURES

POLICY:

Staff who are assigned to work on the Forensic Unit are oriented to the structure of the unit.

PROCEDURE:

1. Staff who work on the Forensic Unit are oriented to the unit including the items
listed on the Forensic Unit General Orientation Checklist.

   1.1 The orientation of Forensic staff includes the following unit information:

      1.1.1. 22 male patients are housed on Area 1. All patients have criminal
      charges and must be considered dangerous.

      1.1.2 THE UNIT USES A STEP SYSTEM:

      OVS = Observation Status;

      LEVEL 1 and 2 = Some Earned Privileges

      1.1.3 New Admissions are assessed to determine level of initial treatment.

      1.1.4 Only patients on Level 2 - 4 are permitted to participate in well-structured on-grounds activities.

      1.1.5 26 patients are housed on each of the other Treatment areas. All patients have criminal charges and must be considered dangerous.

      1.1.6 A Policy and Procedure Manual is in each staff Office which explains
      in detail the requirements and privileges of each step. (The Policy
      and Procedure Manual is available on USH computers.

      1.1.7 Assignments for the shift are made by the RN and posted in the
      nursing station.

2. The Forensic Unit General Orientation Checklist includes the following:

   2.1 Basic orientation

2.2 Patient program

2.3 Discharge

2.4 Transfers

2.5 Patient Rights

2.6 Unit Safety and Security

2.7 Restrictions

2.8 Restraints

2.9 Watches

2.10 Court Visits

2.11 Staff Expectations

2.12 Documentation

2.13 Other Pertinent Items

3. Each discipline working on the Forensic Unit i.e. Psychiatrist, Social Worker, Recreational Therapy, Nursing, Secretarial; have their own unit and discipline specific orientation issues.

Forensic Social Worker Orientation Checklist:

Please initial each line and sign your name on the last page.

During the first 72 hours of admission -

_____ - complete a 72 Hour Note (in E-chart), documenting the initial contact with the patient.

_____- complete the SW part of the Provisional ICTP (preferably with the team) in the patient Chart.

_____ - contact the patient's family regarding clothing needs and inform the environmentalist if the patient's family will or will not be bringing clothing for the patient.

_____ - complete the Intake Forms, in the patient Chart, under the white tab (medicare, family information, and Religious Preference).

_____ - request legal paperwork or treatment records if asked by an AD (fil out the Release forms).

_____ - complete a list of approved visitors (according to the Visiting Policy) on the computer, print it and deliver a copy to Central Control (may deliver a copy to the unit as well, if you choose to).

Clinical Assessment -

The Forenic Social Worker will:

____ - complete the Integrated Assessment (social history) in E-chart within 14

days
of admission.
____ - do a new SW assessment every 90 days on the ICTP (typed into the new ICTP)
and assess current functioning on the 30 and 60 day ICTP notes (handwritten,
dated, and signed).
____ - complete and enter LSQ (life status questionnaire) date for Treatment
Patients, according to the weekly lists (e-mail).
____ - regularly assess the potential for self-harm or violence with their assigned
caseload.

Documentation -

The Forensic Social Worker will:
____ - write Weekly Notes during the first 8 weeks of admission and Monthly Notes
every 30 days to summarize the month. Monthly notes are due when the
ICTP review is due.
____ - do Monthly Notes after the first 8 weeks of admission. PST minutes should
only be entered a week at a time, regardless of what type of note it is. For
example, you could do a Monthly Note that would include a summary of
the month and any PST minutes for that week (or just do SWIND notes
when you have done Individual Therapy), but do not enter the whole month's
PST minutes in one note.
____ - enter SWDATA notes to document any other issues not covered elsewhere
(may enter PST when appropriate).
____ - follow the AIRP (assessment, intervention, response, plan) note format for
patients that are here for treatment (Not Competent to Proceed, GMI,
Prison Transfer, NGI, or Civil). The AIRP note format does not need to
be followed for SWDATA or SWIND notes.
____ - enter psychotherapy group notes for each group you conduct (including PST
minutes). SW group notes should include the name of the group, a little about
what happened in group, and some information regarding each individual
patient's level of participation.
____ - complete 30 Day ICTP progress notes for each problem that is being
addressed on the ICTP.
____ - document when patients are discharged, transferred to other units, or
reassigned.

Treatment Planning (Individual Comprehensive Treatment Plan - ICTP -

The Forensic Social Worker will:
____ - prepare for (have the SW Assessment completed, know the patient's strengths

and weaknesses, know what Problems, Objectives, and Modalities you think
should be included in the ICTP) and attend scheduled "clinicals" according
to the Forensic Weekly Report.
____ - make changes on the ICTP that indicate the progress of the patient every 30
days (including Assessment, Intervention, and Modality).
____ - invite the patient's family members to the ICTP reviews (document efforts made). If the family members can't attend, try to get feedback over the phone.

Clinical Services -

The Forensic Social Worker will:
____ - make contact with each patient one time per week,unless clinically contradicted. Individual therapy for Evaluation patients will primarily be supportive in nature.
____ - prepare for and conduct a minimum of two Psychotherapy Groups each week.
____ - provide Family Therapy when it is clinically indicated.
____ - help support and educate other staff members.
____ - provide "crisis intervention" for the assigned patients as needed.
____ - complete the SPMI form at some point during the admission (found in patient Chart).
____ - coordinate patient group assignments with the treatment team and the administrative director.

Participation in Meetings -

The Forensic Social Worker will:
____ - attend the Morning Meeting (8:15 am, Monday thru Friday), in the Turnabout
cafe, to present "global" patient issues.
____ - attend the Team Meetings to discuss the individual patient issues.
____ - collect, present, and return (to the patient) the Patient Requests on Monday
mornings.
____ - attend the weekly Forensic Unit SW meeting (Fridays at 9:00 am in the East
Conference Room).
____ - attend the Monthly SW Discipline meeting, usually the first Thursday of the
month.
____ - participate on various committees as assigned.

Interfacing with the Legal System -

____ - track court dates, transportation orders, court orders, and legal progress by contacting attorneys and/or court clerks.
____ - participate in the Civil Commitment process by coordinating with the mental health center's liaison, completing commitment paperwork, writing court notes and testifying at the hearings.

____ - participate in the GMI Review process by providing information for the written report and to the GMI Review Board at the hearing.

Discharge Planning:

The Forensic Social Worker will:

____ - attempt to participate when your assigned patients will be discharged, either back to court, jail, prison, or the community.

____ - notify the Community Mental Health Center's liaison and the ADT office at the USH when your patient is being discharged.

____ - establish follow-up treatment plans for the patients that are discharged back to the community (coordination with the Community Mental Health Centers and/or the patient's family).

____ - contact family members (when possible) to help with picking up patient property, transportaion, housing, etc. (document any efforts made).

_____ _____

Social Worker Date Supervisor Date

POLICIES & PROCEDURES

POLICY:

Acuity Psychiatric Technicians who are assigned to work on the Forensic Unit are oriented to the structure of the unit.

PROCEDURE:

_____

_____

TRAINER/EVALUATOR SIGNATURE DATE

_____

_____

TRAINER/EVALUATOR SIGNATURE DATE

_____

_____

TRAINER/EVALUATOR SIGNATURE DATE

_____

_____

SUPERVISOR SIGNATURE DATE

_____

_____

EMPLOYEE SIGNATURE DATE

DO YOU HAVE ANY SUGGESTION FOR IMPROVING THE UNIT?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

POLICIES & PROCEDURES

POLICY:

The Forensic Unit provides flexibility and opportunity for continued improvement in the unit program and policy and procedures, while assuring adequate communication and process for implementation for such changes.

PROCEDURE:

1. The unit follows these guidelines whenever assessing and implementing changes in the unit program and policy and procedure manual.

    1.1. Suggestions and discussions for program or policy revisions from staff members are brought before the unit staff in the regular Mon - Fri staff meeting, are given to the unit Service Management Team (SMT), or to the Administrative Directors for policy or program changes.

    1.2. The unit staff may give feedback and make recommendations for any revisions.

    1.3. The recommendations will go to the Service Management Team for approval.

    1.4. The changes are written and distributed and posted throughout the unit with a notice for a start date for the policy or program change.

2. Decisions regarding individual patient treatment plans, step level changes, visits, etc. are handled in the appropriate staff meeting and communicated through the patient chart and the Nursing Cardex.

3. In the event the change needs to be implemented immediately, the Clinical Director, Administrative Director, and Unit Nursing Director, may make an administrative directive for change via a memorandum.

    3.1 Memorandums are placed in the Communication Book on each area and become policy when implemented.

    3.2 Memorandums are also placed in the Administrative Director's copy of the Unit Policy and Procedures.

        3.2.1 When necessary the memorandums are changed into the

policy and
procedure format or into protocol format.

POLICIES & PROCEDURES

POLICY:

The activities of the patients are monitored at all times to ensure a safe and therapeutic
environment for patients and staff.

PROCEDURE:

1. At the beginning of each shift the RN makes assignments for each of the psych
techs to cover each area of the ward at specific times during their shift.

    1.1 The assignments are documented on the assignment sheet.

2. The psych tech assigned to a specific area is responsible to be in that area at all
times during his/her assigned times and until he/she is relieved by another staff
member.

3. If the psych tech needs to leave the assigned area for any reason, he/she obtains
permission from the RN.

    3.1 The RN is responsible to assign another psych tech to be responsible
    for the watch until the person leaving the watch returns and resumes
    his/her responsibility.

    3.2 The RN is also informed when the person returns.

4. The staff member assigned to the hall has the following responsibilities:

    4.1. Get items for ward work

    4.2 Sponsor phone calls

    4.3 Monitor patient ADL's and the ADL sign off sheet

        4.3.1 Each psych tech is responsible for the ADL's on his/her assigned
        patients.

    4.4 Assist patients with industrials and other duties as assigned, such as cleaning.

    4.5 Assist patients with laundry

    4.6 Assist patients with emotional distress

    4.7 Complete 15 minute checks on the patients who are on 15 minute

checks
and sign the 15 minute check sheet.

5. The staff member assigned to the dayroom has the following responsibilities:

   5.1 Monitor TV for appropriate programs

      5.1.1 Assist with selection of programs--no violence, no sexually related
      material, no news programs about patients here at the hospital.

6. Staff is responsibile to monitor the following

   6.1 Activity and location of the patients

   6.2 Interactions of the patients

   6.3 Physical conditions on the unit

   6.4 Doors that should be locked

   6.5 Integrity of the windows

   6.6 Any sharp or dangerous objects or other items that should not be accessible
   to the patient

   6.7 Assure lockers are locked

   6.8 Sign-out slips for accuracy and location of patients for count

   6.9 Assure no caustics are left out

   6.10 No belts, cords, ropes, ties, etc. available on the Area I

7. The staff member assigned to be on hall or day room watch does not participate
in games, reading, charting, complete other responsibilities during the watch, or
participate in any other activity that might distract him/her from being aware of the
assigned area or completing his/her watch.

8. The staff member assigned to do the area watch is accountable for the activities
in his/her area.

   8.1 The staff member is responsible to report all unsafe and questionable conditions and circumstances to the RN on shift.

9. It is the responsibility of the RN to make sure that these procedures are carried
out during his/her shift and he/she is ultimately responsible for the safety of the

unit during the shift.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit provides a structure for patients to use personal AM/FM radios/tape players. This structure is designed to allow patients the enjoyment of their personal radios/tape players while maintaining a safe environment. The structure is also to help prevent patients from isolating themselves during their therapy on the forensic unit.

PROCEDURE:

1. General

   1.1 Patients must be on Level 1/A or above and to have a radio/tape player.

   1.2 Patients on lower steps who own radios/tape players keep them locked in their personal valuables storage provided by the unit.

   1.3 Patients with the privilege to have radio/tape players keep them locked in their locker when not in use.

   1.4 Radio/tape players are not used during therapy times.

   1.5 Patients must use headphones when listening to radio/tape players and keep them at a volume that others cannot hear.

   1.6 Radio/tape players are not taken to the canteen, gym or cafeteria.

   1.7 Radio/tape players are not used during smoke times or walks.

   1.8 Radio/tape players used on activities must be cleared by the recreational therapist responsible for that activity.

2. Consequences for Misuse:

   2.1 Abuse of the radio/tape players structure results in a loss of radio/tape players privileges for 24 hours.

   2.2 The patient's treatment team may elect to restrict a patient from his radio/tape player if the patient begins to isolate and seclude himself from others. It is the treatment team's responsibility to decide when to return the radio/tape player when this occurs.

Chapter 3
POLICIES & PROCEDURES

POLICY:

The Forensic Unit offers crafts as a form of Recreational Therapy while providing a safe environment by monitoring the use of the craft room, craft materials and tools.

PROCEDURES:

1. The Recreation Therapists (RT) and Occupational Therapists (OT's) are responsible for the use and delegation of use of craft room and all equipment.
2. An RT, OT, or cleared staff member must be present at all times when patients are in the crafts room.
3. Those using the crafts room are responsible to clean the room and the equipment after each use.
4. All patients and staff must sign in when using the crafts room and write down the equipment used.
    - 4.1 Any person taking equipment from the crafts room must have permission from the RT's and sign tools in and out in the log provided in crafts room.
    - 4.2 A sharps count must be made before patients enter and before they leave the crafts room and a shakedown must be done if all sharps are not accounted for.
        - 4.2.1 The staff member supervising the activity is responsible to count the sharps.
5. Patients are supplied materials to make items but must purchase materials if they make more than the amount approved by the RT.
6. All patients using the crafts room are oriented to the crafts room and trained according to 4 above before utilizing the crafts room.
    - 6.1 Those patients unable to be responsible in the crafts room are restricted from the crafts room until they demonstrate ability to adhere to policy and procedure.

POLICIES & PROCEDURES

POLICY:

When a patient is agitated or upset with a potential for causing harm to himself or others and all less restrictive alternatives have been exhausted (as outlined in the patient crisis intervention policy) the patient can be placed in seclusion per doctors order.

PROCEDURE:

1. Staff will thoroughly shake-down the room.
2. Shake down patient and remove all items from the patient except shirt, pants, underwear and socks (i.e. remove belts, shoes, shoelaces, jewelry, drawstrings, and other possible items of abuse)
   - 2.1 List items taken from the patient and place the items in lock-up.
3. Follow USH:OPP Chapter--Special Treatment Procedures Section 3 Restraints and Seclusion for correct care of the patient during his time in seclusion as well as the correct documentation while the patient is in seclusion.

POLICIES & PROCEDURES

POLICY:

When a patient is acutely medically ill, he/she can be placed in the Medical Patient Room for closer observation and treatment until he/she can be transferred to an acute care hospital.

PROCEDURE:

1. When a patient is acutely medically ill, the MD or the RN can make the decision to use the Medical Patient Room.
2. The patient is transferred from his/her room to the Medical Patient Room.
   - 2.1 The patient's personal belongings are not transferred with the patient beyond what is needed for his comfort in the temporary room.
3. When the Medical Patient Room is used for a patient with an acute illness, it is used to temporarily provide closer observation and bathroom facilities for the ill patient.
4. The patient who requires use of the Medical Patient Room for acute illness

is
maintained in this area only until he/she can be transferred to an acute care
hospital OR until he/she is stable enough to return to his/her own room.

5. When a possible infectious TB patient is identified, they are placed in the medical patient room.
   5.1 The RN contacts the energy department (44744) to have them turn on the Ultraviolet lights immediately.

POLICIES & PROCEDURES

POLICY:

Patients who are on Direct Observation Status, Observation Status or Level 1 status
must be transported in restraints to off-unit appointments unless otherwise medically indicated.

PROCEDURE:

1. The Forensic Unit of the State Hospital is responsible for the safety of the community as well as the patients on the unit.

2. When patients need to be transported off the unit for medical care, restraints are
used according to the patient's level.

   2.1 Patients on ELS status--restaints unless otherwise medically indicated.

   2.2 Patients on OVS status--restraints unless otherwise medically indicated.

   2.3 Patients on Level 1 status -- restraints unless otherwise medically indicated.

   2.4 Patients on Level 2 status--no restraint unless otherwise medically indicated.

   2.5 Patients on Level 3 status-- no use of restraints.

   2.6 Patients on Level 4 status--no use of restraints.

3. Patients who are at the hospital as Prison Transfers or who have Prisoner status must wear restraints to all appointments off the unit.

4. When a patient is taken to an appointment and is in restraints for an extended
period of time--longer than 1 hour--the staff member accompanying the patient
releases one extremity at a time every hour and checks the circulation of each
extremity upon re-applying the restraint.

5. Patients who require restraints must be accompanied off grounds by two

staff
members.

6. Use of restraints requires a physician's order.

   6.1 If the physician does not want the patient (on DOS, OBS, Level 1) to go to the appointment in restraints, the physician must document the rationale for not using restraints.

7. The RN on the unit is responsible to document use of restraints, including condition of the patient, upon initial application of the shackles and cuffs and again upon final removal of the restraints.

1. The Forensic Unit of the State Hospital is responsible for the safety of the community as well as the patients on the unit.

2. When patients need to be transported off the unit for medical care, restraints
are used according to the patient's level.

   2.1 Patients on ELS status--restraints unless otherwise medically indicated.

   2.2 Patients on OVS status--restraints unless otherwise medically indicated.

   2.3 Patients on Level 1 status -- restraints unless otherwise medically indicated.

   2.4 Patients on Level 2 status--use of restraints only if the patient is an AWOL or assault risk.

   2.5 Patients on Level 3 status-- no use of restraints.

   2.6 Patients on Level 4 status--no use of restraints.

3. Patients who are at the hospital as Prison Transfers or who have Prisoner status must wear restraints to all appointments off the unit.

4. When a patient is taken to an appointment and is in the restraints for an extended
period of time--longer than 1 hour--the staff member accompanying the patient
releases one extremity at a time every hour and checks the circulation of each
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7. The RN on the unit is responsible to document use of restraints, including condition of the patient upon initial application of the restraints and again upon
final removal of the restraints.

POLICIES & PROCEDURES

POLICY:

The Forensic Unit insures the adequate safety of its' patients and staff through the
prevention of contraband entering the unit or being in the possession of patients.

DEFINITIONS:

1. Contraband--

   1.1 Anything currently outlined by the program that a patient is restricted from
   or not cleared to possess according to their level in the treatment program
   or outlined in the physician's orders;

   1.2 Any sharp objects, weapons, or potential weapons, i.e., knives, glass, shanks, nails, razors, files, tools, personally designed weapons;

   1.3 Illicit drugs, alcohol, over-the-counter medications, medications absconded
   during medication time;

   1.4 All food items in Area I with the exception of small amounts of hard candy;

   1.5 Caustics and other potentially harmful substances (these may be checked
   out for cleaning purposes with staff supervision).

   1.6 Perfumes, colognes, or other items containing alcohol.

   1.7 Personal hygiene items (Level 3-4's may keep them locked in locker but only in plastic containers. (9) Other items currently outlined by policy
   in the Forensic Unit Policy and Procedure Manual (refer to policies regarding: radios, pictures, etc.).

PROCEDURE:

1. All staff members are adequately trained in the process of shakedowns of person and property.

2. Unit Wide Shakedowns are done at least once a month in each area of the Forensic Unit.

2.1 These shakedowns occur at random times during the month.

2.2 The Senior Psych Techs (SPT's)/RNs will keep track of regular shakedowns and will assure 1x monthly shakedowns in their log and are responsible to initiate the shakedown.

3. When there is suspicion of contraband or evidence of contraband on the unit or any breakdown of unit security that might indicate vulnerability to contraband, the RN can initiate a shakedown.

3.1 The RN is responsible and in charge of the shakedown.

3.1.1 The staff are given assignments by the SPT and/or the RN.

3.1.1.1 The assignments include groups of 2 to do the shakedown; adequate staff to stay with and monitor the patients; someone assigned to monitor, label and
correctly place all contraband confiscated; and a clean-up
crew who are responsible to make sure all patient items
are properly placed, garbage picked up, and beds made
whenever possible.

3.2 The staff meets before the shakedown procedure begins to insure that
all are aware of their assignments; all staff members doing the actual shakedown have been oriented to the shakedown process; a plan is devised on how to complete the shakedown; where and how to manage
the patients; and to plan a debriefing to evaluate the process after completion.

3.3 All staff members participating in the shakedown wear gloves.

3.4 All contraband confiscated is recorded in the patient's chart by the person
assigned to the personal items.

3.4.1 If it is property of the patient it is labeled and locked in the patient's
valuables area.

3.4.2 A list is made of the things taken, so patients and staff can be informed.

3.4.3 Food items considered contraband are thrown away.

3.5 A patient representative is assigned with the shakedown team as a liaison for the other patients.

3.5.1 The liaison is a representative for the patients, insuring that patient property is handled appropriately.

3.5.2 Any problem is reported to the person in charge of the shakedown.

3.6 The Clinical Director or Administrative Director can wave the requirement for the patient representative to be present, if indicated for security reasons.

4. Patients' belongings are treated with the utmost of care and respect.

4.1 The Forensic Unit is responsible for any loss or breakage of patient items or any mishap to patient belongings due to poor handling or care.

5. If at any time the staff assess that an individual patient or group of patients meet the shakedown criteria in 3. above, a shakedown of the patient (s) personal area is done.

5.1 The RN organizes the shakedown on a smaller scale as described in the above procedures.

6. Whenever a patient leaves the unit (with the exception of clinical staffings), the patient is shaken down when returned to the unit. This includes when the sheriff returns a patient from court or jail.

6.1 A personal shakedown is defined as a non-strip search in which the staff member checks clothing (collars, pockets, sleeves, pant legs, belts, shoes, coats, wallets, etc. to make sure that patients are not trying to bring contraband onto the unit.

6.2 Shakedowns are done in the admissions area and in the entry halls to each area.

6.3 Staff members are responsible to ensure each patient is shaken down when returned to the unit.

7. A physician's order must be obtained to do a strip search or body cavity search.

7.1 These are done in an area that insures privacy for the patient and are planned in a manner to maintain respect for personal dignity.

7.2 Gloves are worn by the staff members doing the search and/or assisting.

7.3 Only MD's or NP's can do a body cavity search.

POLICY:

Smoking is not allowed in any buildings in accordance with the Utah State Clean Air Act. Staff may smoke 100 feet from any main entrance and 25 feet from other building openings per the Clean Air Act. Patients with blue passes may smoke away
from the building according to the Utah State Clean Air Act.

PROCEDURE:

1. Patients on the Forensic Area 1 Unit are not allowed to smoke nor carry lighters
or cigarettes on them due to safety and security concerns.

2. Patients on the Forensic Unit on Level 4 , possessing a blue pass/or working
outside the building, may escort themselves away from the unit to smoke. Others
within the Treatment areas are restricted because of safety and security issues.

3. Cigarettes and lighters must be checked in and out at the Nurses Station.

   3.1 Smoking is not allowed during the structured or non structured activities.

4. Those giving cigarettes to patients under the legal age will be held accountable.

5. No chewing tobacco is allowed on or off the unit.

6. No giving, lending, or borrowing cigarettes.

   6.1 Patients who lend, give or borrow cigarettes are held accountable for their
   behavior and may lose their privilege to smoke for a period of time.

7. Each patient is solely responsible to obtain his or her own cigarettes.

8. Any person not adhering to the unit smoking policy and procedure will lose the privilege to carry cigarettes and to smoke for a period of time.

   8.1 Any person smoking on the unit will have their Level dropped and may be
   restricted to the unit a security issue.

9. Patients may smoke on their blue pass.

10. Patients who are Level 4 can smoke after their industrials with staff supervision.

11. No smoking under the age of 19 years in accordance with Utah State Law.
Those giving cigarettes to patients under the legal age will be held accountable.

12. Stipulations to qualify to leave the unit. (non-RT activities)

    12.1 - Hygiene completed

12.2 - Medications taken

12.3 - Ward Work completed

12.4 - Social Worker, RN or supervisor approval

12.5 - Administation approval

12.6 - Doctors order

POLICIES & PROCEDURES

The weight room is available for use by staff and patients to provide a source of exercise and promote a healthy body.

1. Patients must be cleared medically by the FNP to use the weight room.
2. Staff supervising the patients in the weight room have to complete an inservice
training by Recreational Therapy staff on how to properly use the equipment
before sponsoring patients in the weight room.
3. Staff and patients must follow the posted instructions on how to use the equipment.
4. Failure to follow the instructions will result in the patient losing the privilege of
using the weight room.
5. Staff must be present in the weight room when patients are using the equipment.

1. The purpose of the Exercise Yard is to provide the patients with diversional recreation, physical activities, and fresh air.
2. The patients MUST be well supervised when using the Exercise Yard.
3. When patients are using the Exercise Yard there MUST be a staff member within the borders of the yard who is not engaged in any of the diversional/recreational activities. This person observes the patient at all times while patients are using the area.

    3.1 The assigned person may be rotated but one person must always be an observer.

4. A minimum of two staff members will supervise all patient activities in the exercise yard. A ratio of one staff member for every six patients will be maintained.

    4.1 The RN on duty is responsible to assess patients and determination if more staff are necessary.

    4.2 Central control will help observe all activities in the Exercise Yard.

5. When a patient needs to be brought back to the unit from the Exercise

Yard,
adequate coverage MUST be maintained in escorting the patient back to the
unit as well as in the Exercise Yard.

6.1 If adequate coverage cannot be maintained then all patients MUST be brought back to the unit.

6. A staff member fills out the blue slips with the patients' first name and last initial and the color of his clothing.

6.1 A RN MUST approve the people on the list and sign the slip.

7. One staff member makes a copy of the list and keeps it with him/her in the Exercise Yard.

7.1 A list is hung up in the nursing station.

7.2 A list is given to Central Control

8. One staff member does a perimeter check of the Exercise Yard, secures the area and calls for the other staff members and the patients to proceed to the Exercise Yard. The yard is checked one time each day it will be used by patients.

9. When moving from the unit to the Exercise Yard and from the Exercise Yard
to the unit, one staff member is located at the front of the patients, and one staff member at the rear of the patients.

9.1 The staff member at the doorway does a head count and confirms the
original list of patients.

10. A radio is taken to the Exercise Yard: The designated observer carries the radio. This individual controls all radio communication with Central Control.

12. If an ELOPEMENT occurs one staff member follows in pursuit of the patient
with a radio.

12.1 The other staff members immediately bring the other patients back up
to the unit.

12.2 The outside yard observer notifies the switchboard, security and central control.

ORANGE PASS AND EXERCISE YARD:

POLICY:

The Treatment team will identify individuals who are here for treatment but limited
to within the building because of administrative or clinical concerns. The team

will identify which of these individuals will benefit clinically from the orange pass extending
into the exercise yard.

PROCEDURE:

1. To qualify the person being recommended must be eligible for an orange pass and proven successful and trusted with this pass.
2. The patient must be here on Treatment status (not pending court, BOP, Awaiting trial, etc.)
3. The patient must be in the hospital for at least a year on treatment status
   prior to being considered for exercise yard pass.
4. Recommendations are referred to SMT. The SMT will consider the administrative risk assessment, clinical concerns and administrative concerns in rendering a decision.
5. The following structure applies to the Orange pass with exercise yard privileges:
   - 5.1 Pass may be used in exercise yard only during day light hours.
   - 5.2 Pass may not be used during groups or meal times.
   - 5.3 Orange pass holder must sign out and in with area and Central Control
     for use of the exercise yard.
   - 5.4 The RN will assess pass holder each time the individual is checked
     off the unit.
6. The pass will not be used after 2100 hours or when dark, which ever comes first.
7. The patient will be shaken down when leaving and upon return to the unit.
8. The patient will be monitored from Central Control.
9. Only one area may allow orange pass holders in the exercise yard at a time,

POLICIES & PROCEDURES

POLICY:

The Forensic Unit has a Central Control Area which provides security for the safety of patients and staff members. The purpose of the Central Control is to facilitate observation of the patients through direct visual contact and through observation of the video monitor.

PROCEDURE:

1. Central Control is the security and control center for the Forensic Unit.
2. The observation room is to facilitate direct visual observation of the halls and other areas inside and outside of the building.
3. Personnel are assigned to the Central Control in 8 or 12 hour shifts of time.
4. A minimum of one staff member will be in Central Control at all times.
5. AM/FM radios are allowed in the observation room. The person in this area must be able to hear the audio from the A/V cameras.
6. The telephone in Central Control is for access to the unit during times of need i.e. direct information concerning a safety or security issue.
7. The person assigned to Central Control is responsible to notify other personnel of any safety and security issues noted through monitoring of the cameras.
8. No reading material in the observation room. The person assigned to this area is assigned to maintain visual contact with the patients in the area and also with the video monitors at all times.
9. Make sure Central Control door is secured when exiting.
10. If the PT assigned to Central Control needs to be relieved for personal reasons, i.e. to take a break, he notifies the RN by radio or phone, who in turn will assign another trained to relieve him. He does not leave the room until the person assigned to relieve him arrives.
11. The psych tech assigned to the observation room is there to monitor security and not to take care of other patient business unless safety or security specific.

    11.1 Patients in the hall need to communicate with the psych tech assigned to the hall.

12. Communication radios will be regulated through Central Control.

    12.1 Staff members will check radios in and out as needed per runs and activities.

    12.2 The PT will maintain functional radios.

13. The duress system will be maintained through Central Control.

13.1 Central Control staff will notify appropriate individuals when the system is activated.

13.2 Complications in the system will be reported to Administrations.

14. Administrator or designee will enter appropriate information into duress and card key.

15. Central Control will maintain current visual taping equipment.

15.1 Tapes will be rotated each night shift. Tapes will be discarded after being taped over 5 times.

15.2 Tapes will be pulled for monitoring per Administrative directive.

15.3 All tapes with assaultive incidents will be pulled and turned over to an administrative director.

POLICIES & PROCEDURES

POLICY:

The Utah State Hospital Forensic Unit uses audio/video equipment to monitor specified areas of the unit for the safety and security of patients, staff and visitors.

PROCEDURE:

1. Notice is posted in all areas where audio/video equipment may be in use.

1.1 Except in case of emergency, audio monitoring in the testing office is allowed only if testers are given advance notice.

2. Audio/video equipment is used in accordance with all applicable state and federal laws and statutes.

3. Video equipment is present in the following specified areas:

Camera #	Description	Camera #	Description
1	Main Entry	20	Visiting Courtyard
2	Parking Lot	21	Main Entry Door
3	Exercise Yard	22	Acute Area, OBS 3
4	South west Perimeter /loading dock	23	Acute, Courtyard

5	Transitional Unit, Entry	24	Gymnasium
6	Transitional Unit, Courtyard	25	Loading Dock
7	Transitional Unit, Seclusion Room	26	Inner Dock Corridor, West
8	Interior, Exercise Yard	27	Acute Area, Seclusion Room 1
9	Treament 1, Entry	28	Acute Area, OBS 1
10	Treatment 1, Seclusion Room	29	Acute Area, Seclusion Room 2
11	Treatment 1, Courtyard	30	Vehicle Sallyport
12	Acute Area, OBS 4	31	Acute Area, Medical Room 1
13	Treatment 2, Seclusion Room	32	Court Room

14	Treatment 2, Courtyard	33	Main Corridor, Mid Hall
15	Treatment 2, Entry	34	Inner Dock, Corridor East
16	East End, Main Corridor	35	Interior, Vehicle Sallyport
17	Acute Area, OBS 2	36	Dock
18	Acute Area, Entry	37	Acute Area, Medical Room 2
19	NOT USED		

Other Areas Monitored:

Camera #	Description
38	Front Entry Door
39	Dining Room (Area I)
40	RT Kitchen
41	Perimeter Switcher
42	Unit Entry, quad/switcher
43	Main Entry Door...Visitor Courtyard... Courtroom...Gym, quad

44 Inner Dock...Inner Vehicle Sallyport...
Exercise Yard...Outer Vehicle Sallyport...

Outer Dock Door, Quad/Switcher

4. Audio equipment only (no video) is present in the following specified areas:

4.1 Non contact visiting areas

5. Staff monitors of audio/video equipment are located in the staff observation/control room (tank area) on the Forensic Area I.

6. Areas with video equipment are video taped 24 hours a day.

6.1 The video tape is recycled every day, unless the following conditions occur,
at which time the tape is kept for review of the occurrence:

6.1.1 Destruction of property;

6.1.2 Physical altercation

6.1.3 Passing of contraband;

6.1.4 Sexual activity;

6.1.5 Self abuse.

6.1.6 A.D. directs tape be held.

7. Video tapes pulled for review of an incident are reviewed by the Administrative Director/designee and are retained for two years.

7.1 Designated Forensic Unit staff are trained in the use of the audio/video
equipment to include:

7.1.1 Proper operation and care of equipment

7.1.2 Hospital policy and procedure for using equipment, including limitations;

7.1.3 Training for audio/video equipment is part of the annual mandatory
training requirements for all designated Forensic Unit staff.

POLICIES & PROCEDURES

POLICY:

The Forensic unit transfers patients in an effective manner, maintaining the respect
and dignity of the individual and his personal property, and assures consistent follow-through with treatment and security.

PROCEDURE:

1. Patients transferred to outside providers follow procedures outline in the

Nursing Patient Management Manual, XI. Coordination of Care, Section C., page 314.

2. Patients are transfered from one area to another in coordination with the Administrative Directors and attending physicians. Treatment teams may give
input into possible transfer based on safety, security, and court status.

2.1 The RN verifies the transfer orders and notifies the RN from the receiving
side that a inter-unit transfer will occur on their shift.

2.2 Transfers occur on the shift that the order is given unless it occurs 30 minutes prior to COS in which case the transfer does not begin until the next shift.

2.2.1 Only emergency temporary transfers may occur on night shift.

2.3 The patient's belongings are checked completely making sure that all items on the patient's personal checklist including all valuables and items
in storage are present.

2.4 The RN transfers all the medication records and medications and gives
report to the RN on the unit receiving the patient.

2.5 The RN records a transfer note in the patient's chart.

2.6 The psych tech assigned to complete the transfer takes all belongings as
already checked on the personal items list to the receiving unit after the
report of transfer is completed.

2.7 The RN on the ward where the patient is being transferred to decides upon
a room assignment for the patient.

2.8 After steps 2.1 through 2.7 are completed a psych tech escorts the patient
to the unit to which he is being transferred.

2.9 The psych tech immediately processes the transfer with the patient as he
arrives by:

2.9.1 completing the personal items sheet indicating the new disposition
of all belongings,

2.9.2 helping the patient put his belongings in their appropriate place,

2.9.3 orienting the patient to his new bed assignment,

2.9.4 orienting the patient to the program on that particular side of the unit

2.9.5 giving the patient a copy of the program,

2.9.6 completing all necessary documentation in E Chart and ward reports,

2.9.7 calling the transfer into the switchboard.

3. Patient transfers to another unit in the hospital or patient transfers from another unit in the hospital to the Forensic unit must have the approval of the Administrative Director and the Unit Clinical Director or Unit Psychiatrist.

3.1 When there is a need to transfer a patient to another unit or from another unit the Administrative Director on the patient's unit contacts the Administrative Director on the unit to which the patient is to be transferred to inititate the transfer.

3.2 The Administrative Director of each unit involved discusses the pending transfer with the Unit Psychiatrist or Unit Clinical Director.

3.3 The Administrative Director of the sending unit must notify ADT office of the pending transfer to assure appropriate correlation of bed space.

3.4 The Administrative Director of the receiving unit arranges a time for a transfer meeting with the Administrative Director of the other unit.

3.4.1 The transfer meeting is held on the receiving unit and includes the Psychiatrist, a Social Worker, and an RN from each unit.

3.4.2 The sending unit presents the patient's case to the receiving unit and a time of transfer is arranged.

3.5 The patient is transferred from the sending unit to the receiving unit by the nursing staff at the pre-arranged time.

3.6 The Psychiatrist, Social Worker and RN from each unit are responsible for the documentation of the transfer in the patient's chart.

3.6.1 The receiving unit must complete a new treatment plan on the patient.

4. Administrative directors and physicians will coordinate any moves in the building. Each may direct a move independently when special circumstances exists (the other is unavailable or an emergency occurs).
In any emergency situation during evening hours nursing staff may facilitate a move. These (special case) moves will be assessed the next day.

POLICIES & PROCEDURES

POLICY:

Patients on the Forensic Unit are allowed to visit in accordance with Utah State Statute, Utah State Hospital Policy, and within the structure of the Forensic Unit Policy and Procedures.

PROCEDURES:

1. Visitors check in with Forensic Unit Central Control staff through the intercom system. The visitor will fill out a slip located outside the visiting area. Central Control will have a list of all approvedvisitors. A staff member will review the slip and communicate with Central Control prior to the visitor entering the visiting area.

   1.1 Central Control will call the unit to inform them of the visitor.

2. All visitors are cleared and approved by the patient's social worker before being allowed to visit (excluding Clergy or Attorneys).

   2.1 Only approved visitors whose names appear on the visitor list are allowed to visit.

   2.2 A group of 4 or more approved visitors need to call and arrange for a room to visit prior to their arrival or be in jeopardy of the visit not being approved due to lack of space.

3. In emergency situations or unusual circumstances visitors may request special visits other than during designated hours by contacting the RN on shift or the assigned social worker prior to the visit. Administration may also clear special and unique circumstances.

4. Generally, visitors may visit only at designated visiting hours. Visiting hours are:

   Monday through Friday 7:00 pm - 9:00 pm

   Saturday, Sunday, and Holidays - 10:00 am - 9:00 pm.

   4.1 Picture I.D. is required for all visitors.

   4.2 Visitors are not allowed to carry, purses, attache cases, packages, umbrella, coats, etc, into the visiting area. Lockers are provided in the lobby for storage of such items. Items may also be secured in a locked vehicle.

   4.3 All items brought in for the patient must be given to unit staff. All items are searched and listed on the patients property list before being given to the patient.

   4.4 There will be no inappropriate or excessive touching, kissing, note passing, or communication during the visit. This includes fighting, yelling, sexual advances, threatening comments, untherapeutic talk of drugs or sex, loud laughing or undermining. Visits are terminated if this occurs.

   4.5 To insure confidentiality, discussions concerning other patients are prohibited.

   4.6 Following a visit the patient and visiting area will be thoroughly searched.

   4.7 Only patients receiving approved visits are allowed in the visiting areas.

   4.8 Victims are not allowed to visit unless for therapeutic reasons that are cleared by an administrator or the area physician and such visits must be supervised by the patient's social worker.

   4.9 Before entering the visiting area, all visitors will empty the content of their pockets into tray and then proceed through metal detector. If a problem occurs, Forensic staff will check with the visitor. The hand held metal detector may be used if deemed necessary

by Forensic staff.

5. Visitors will visit only in the designated visiting area: Approved areas for visits depends on the level the patient has achieved.

   5.1 Visitors under 18 may only visit in the non contact area. Exceptions may be cleared by the clinical team or administrative staff.

   5.2 Visitors with minors should call ahead to assure adequate staff coverage to supervise visits.

   5.3 All visits involving visitors who are minors are supervised.

   5.4 Non-contact visiting area visits will be determined by treatment team. The RN on shift may require a non-contact visit if immediate concern arises. Visitors may request a non-contact visit.

6. Visits are not to interfere with ward meetings, therapies, treatments, or meals.

7. Visits may be terminated or denied by staff if it is determined that the visit is untherapeutic for the patient or presents a safety and security risk to the unit.

8. Visits for patients on the Acute Unit may only visit with approved immediate family members, attorneys, and clergy.

   8.1 Visits are limited to two visits per week for a maximum of one hour each visit. (attorneys and clergy not included).

   8.2 All visits for levels DOS through level II are supervised and monitored except visits with Clergy or Attorney.

      8.2.1 The staff member supervising the visit must be able to see and hear all communication between patient and visitors.

9. Level 3 and 4 patients may have more than two visits but they are limited to one hour each.

10. All visitors must sign the visitor orientation verification form signifying they have read the policy and procedures.

11. Level 3 and/or 4 patients are allowed "on grounds " visits as cleared through
requests.

11.1 Level 3 patients may request an on grounds visit through morning staff meeting.

11.2 Level 4 patients receive these visits with their level privileges.

11.2.1 Level 4 patients with on-grounds visiting privileges must
request on-grounds visits with visitors under the age of 18
through morning staff meeting.

11.2.2 Central Control will monitor all on-grounds visits by camera. On grounds visits are limited to Forensic Area.

11.3 All on-grounds visitors must be cleared and approved by treatment team.

11.4 Food for on-grounds visits may be consumed during the visit but no
food items will be allowed back on the unit unless it is commercially
sealed or wrapped (if it is unwrapped or the seal is broken it is not
allowed on the unit).

11.5 All items brought for the patient must be given to the unit staff, searched and listed on the patients property sheet before being given to the patient.

11.6 Visitors are to pick patient up and return patient to thebuilding at
the specified time.

11.6.1 Patient must be accompanied by visitors at all times.

11.7 The patient is responsible for the visit.

11.8 Patients returning to the unit are shaken down before entering the unit.

11.9 In case of inclement weather on-ground visits may take place in the
Forensic Unit visiting area.

1. Supervised visits MUST be supervised by a person who has been oriented
to the procedures surrounding Visitors.

2. The person assigned to supervise a visit MUST observe the visit at all times.

No reading during the visit. Visual contact of the patient and his visitors
must be maintained.

3. The person supervising the visit MUST enforce the rule that no purses,
packages, or other similar materials accompany the visitors. These items must be left in the visitors' car, or visitor locker outside the visiting
area.

4. The visit can be terminated if the patient or his visitors become inappropriate--i.e. refusing to comply with the rules set out. However it is the goal of the Forensic Unit to facilitate visits if at all possible.

5. All patients must be shaken down after the visit and before entering the
general population of the unit, unless visiting in the non contact area.

6. Gifts from visitors to patients must be given to the staff member for inspection and approval and to be logged in.

PROTOCOL LARGE GROUPS/UNDER 17 YEARS OLD

POLICY:

This policy is designed to clarify how visits by children (17 years old and younger)
and large groups (6 or more visitors) will be managed on the Forensic Unit.

PROCEDURES:

1. Central control staff will develop and maintain a schedule on which large
group and minor visits will be visiting.

2. All under age visitors must be pre-approved by the patient's treatment team
and appear on the visitor's list. Minors names, along with their age and
gender will be included on the visitor's list.

3. Only minors who are immediate family members to the patient may be
cleared to be on the visitor's list. Immediate family includes siblings or
the patient's own children.

4. Visits that include minors must be scheduled through central control. The process to be followed in scheduling these visits is as follows: Prior
to the visit, the family is to contact central control (801) 344-4190) to assure

that those visiting are on the visitors list and to schedule a room. Central
control staff will schedule a room and a time on the master schedule.

5. Large group visits (six or more) must be pre-approved and a room scheduled through central control just as visits by minors must be scheduled (see # 4).

6. The number of large group or minor visits that may take place at one time is
limited to the number of private visitor rooms available (2 rooms in the visiting area and the court room if appropriate). If all rooms are filled, an
alternative time may be identified.

7. Special visits that are to occur outside of regular visiting hours must be
cleared through the assigned social worker. If the social worker approves
such a visit, he/she is responsible to arrange for supervision of the visit.
Special visits may also be approved by any member of the SMT (Administrative Director, Unit Nursing Director, or Medical Director).

POLICIES & PROCEDURES

POLICY:

The security of the Forensic Unit is maintained during all times including when maintenance is required on the unit and in the patient living areas.

PROCEDURE:

1. Before going onto the Forensic Unit all maintenance personnel check in at the secretaries office and Central Control.

   1.1 The Central Control notifies the unit that maintenance personnel are entering the unit.

2. Before maintenance personnel enter the unit all tools are inventoried.

3. While on the unit tools are not left unattended.

4. Unit staff restrict patients from areas where work is being done by maintenance.

5. Upon completion of work, maintenance notifies unit personnel that work is completed and that they are leaving the unit.

   5.1 Prior to leaving the unit tools are re-inventoried.

      5.1.1 If a tool(s) are missing, maintenance notifies unit staff and requests
      assistance in finding the lost item(s).

5.1.2 If the tool(s) are not found, the unit staff performs a shakedown of the
unit in order to find the missing item(s).

POLICY:

All new patients will be placed on Entry Level Status (ELS) upon admission. New patients may also be ordered to be on Direct Observation Status (DOS) if the physician determines such observation is necessary. Entry Level patients may use the telephone, have visits as per the structure in the program, and take care of other personal needs, i.e. hygiene, etc., but will need to have staff supervision on a line of sight basis if also on DOS per doctor's order (D/O). Fifteen minute checks will be completed on all ELS patients.
Generally, the patient will be required to be on ELS for a minimum of 48 hours. After that time, the level of risk will be determined by the psychiatrist, with recommendations from the treatment team.

PROCEDURE PRIVILEGES:

A. Supervised, barrier visits. Two 1 hour visits per week with immediate family only. Visitors must be cleared by the social worker. Names and phone numbers must be on the visitor list.

B. Phone calls will be supervised and monitored by staff. May have one personal call per day to immediate family. May also call clergy and legal services. All phone numbers must be verified and dialed by staff.

C. May watch television with programming at the staff's monitoring.

D. Must remain on the unit but may leave any designated DOS area (AR) with the treatment team (social worker's) permission to attend group or individual therapy.

E. On unit snacks are available to the patient.

F. May purchase one coffee shop card for phone calls only if personal funds are available.

G. May stay up until 10:00 P.M.

EXPECTATIONS (to request a level increase):

POLICY:

OVS patients are those who have no longer been considered an acute risk but still require support from the staff through observation. They are restricted to the building at all times (this includes the gym and courtyard). They will be required to meet the expectations of the previous step in order to advance as the program allows, depending on their legal status. **Patients must be on this level for a minimum of 1 week** before requesting Level One or Level A privileges.

A. The patient will continue to receive all privileges from the ELS level.

EXPECTATIONS (to obtain a level increase):

A. The patient will continue to meet the expectations from the ELS level.

B. The patient will abide by the rules of the unit structure without reminders from staff.

C. Must exhibit good personal hygiene, including the following each day:
shower, clean underwear, and brush teeth.

D. The patient must interact appropriately with staff and other patients,
including no belittling or horseplay or no swearing..

E. The patient must attend groups, activities, and individual assignments, or show desire and motivations toward making personal improvement.

F. The patient must take medications as prescribed.

This level is for patients who have lived unit rules and who have successfully completed all responsibilities and expectations associated with OVS. Patients must also show a willingness to participate in assigned groups, therapies and treatment. **The patient must stay on this level for a minimum of one month before applying for level two.**

PRIVILEGES:

A. The patient will continue to receive all privileges from previous levels.

B. Supervised and monitored phone privileges. Two personal calls per day.
Person called must be approved by the Social Worker. May also call clergy
and legal services. Phone number must be verified by staff.

C. May stay up until 10:00 P.M. on weekdays/12 midnight on weekends or
holidays.

D. May be involved in recreational activities and groups held in the building,
including crafts.

E. May go off the unit (not out of the building) with staff supervision.

F. May go to the canteen if hygiene is appropriate and if script is available.
May buy one $2.00 book of script per week.

G. May have the use of Walkman with the approval of treatment team.

H. May have personal belt with approval of the treatment team.

A. The patient will continue to meet the expectations from the

previous levels.

B. The patient must attend groups and individual therapies as assigned
without prompting, or show desire and motivation toward making
personal improvement.

C. It is recommended that the patient have an on-unit industrial job.

This step is for patients who are continuing to abide by the unit rules and who have consistently met the expectations from Level One. Patients must be attending scheduled groups and therapy sessions and be cooperative in treatment. This is the highest level for patients who have been committed to the hospital for competency restoration (not competent). **The patient must be on this level for a minimum of four months before requesting the next level.**

A. The patient will continue to receive all privileges from the previous levels.

B. Approved for well-structured on-grounds activities. This includes all scheduled recreational activities, walks, etc.

C. May request an Orange Pass.

D. May stay up until 12:00 P.M. on weekends, 10:00 P.M. on week days.

E. May have $5.00 cash per week, no more than $5.00 on person at any given time.

F. May use walkman with team approval.

A. The patient will continue to meet the expectations from the previous levels.

B. It is highly recommended that the patient have an on-unit or in-building industrial job.

C. The patient will refrain from foul language, inappropriate subject matter and socially unacceptable behaviors.

D. The patient must take medication as prescribed.

This level is for individuals who have been committed to the hospital for treatment and who have demonstrated the ability to appropriately handle increased responsibility for their own care and treatment. **Patients must be on this level for a minimum of six months before requesting the next level.** To be on level three a patient must be hospitalized as GMI, PP, or civilly with no restriction and obtain administrative approval.

A. The patient will continue to receive all privileges from the previous levels.

B. The patient can have cash - $10 per week limited to $10 on person at any given

time. They may have as many coffee shop cards and calling cards as desired.

C. May keep own personal hygiene items (except glass bottles or items containing alcohol). Items must be kept in locked closet.

D. May have unsupervised kitchen privileges.

E. May leave specific area to attend school within the building.

F. May participate in off-grounds activities supervised by staff with administrative approval.

G. The patient may order pizza on Friday or Saturday night if approved by staff.

H. May have off-ward industrial.

I. May have on grounds visits supervised by staff (may be supervised by staff from the control room. This must be requested and approved by the treatment team and AD's. May request two hours per week.

J. May stay up until 12:00 P.M. on weekends and holidays. 11:00 P.M. on weekdays.

K. May have 3 personal calls per day.

L. May have blue pass for work only.

M. Shopping trips when approved by Team.

This step is for those individuals who have shown real consistency and pro-social behaviors and attitudes.

A. The patient will continue to receive all privileges from the previous levels.

B. The patient may have $12 per week. May only have $12 on person at any given time. May have as many coffee shop cards and calling cards as desired.

C. The patient may have unsupervised kitchen privileges.

D. The patient may participate in on-grounds visits without staff observation. This must be requested separately and approved through team meetings and/or staff meeting. May request two hours per week.

E. May participate in individual shopping trip activities.

F. The patient may have unsupervised courtyard privileges (during daylight hours).

G. Unlimited personal calls.

A. The patient will continue to meet the expectations from all previous levels.

LEVEL A DESCRIPTION/PRIVILEGES:

This is the TREATMENT/RESTRICTED track. This level is for individuals who have been committed to the hospital for treatment but for security or administrative reasons are not allowed out of the Forensic Building. This level is for patients who have lived unit rules and who have successfully completed all responsibilities and expectations associated with OVS. Patients must also show a willingness to participate in assigned group therapies and treatment. **The patient must stay on this level for a minimum of one month before applying for level B.**

PRIVILEGES:

A. The patient will continue to receive all privileges from previous levels.

B. May have supervised and monitored phone privileges. Two personal calls per day. Person called must be approved by the Social Worker. May also call clergy and legal services. Phone numbers must be verified by staff.

C. May stay up until 12 midnight on weekends or holidays 10:00 on weekdays.

D. May be involved in recreational activities and groups held in the building including crafts.

E. May go off the unit (not out of the building) with staff supervision.

F. May go to the canteen if hygiene is appropriate and if script is available. May buy one $2 script per week.

G. May have the use of Walkman with approval of treatment team.

H. May have personal belt with approval of treatment team.

EXPECTATIONS (to obtain a level increase):

A. The patient will continue to meet the expectations from the previous levels.

B. The patient must attend groups and individual therapies as assigned without prompting, or show desire and motivation toward making personal improvement.

C. It is recommended that the patient have an on-unit industrial job.

D. The patient must take medication as prescribed.

LEVEL B DESCRIPTION/PRIVILEGES:

This step is for patients who are continuing to abide by the unit rules and who have consistently met the expectations from Level A. Patients must be attending scheduled groups and therapy sessions and be cooperative in treatment. This is the highest level for patients who have been committed to the hospital for competency restoration (not competent). **The patient must be on this level for a minimum of four months before requesting the next level.**

PRIVILEGES:

A. The patient will continue to receive all privileges from the previous levels.

B. May request an Orange Pass.

C. May stay up until 12:00 P.M. weekends, 10:00 on weekdays.

D. May have $5 cash per week, not more than $5 on person at any given time.

E. May use walkman with team approval.

EXPECTATIONS (to obtain next level):

A. The patient will continue to meet the expectations from the previous levels.

B. It is highly recommended that the patient have an on-unit or in building industrial.

C. The patient will refrain from foul language, inappropriate subject matter and socially unacceptable behaviors.

D. The patient must take medication as prescribed.

E. Before being considered for Level C, the patient must do a write-up concerning his/her progress and what changes he/she has made in his/her life, and present it to the treatment team.

LEVEL C DESCRIPTION/PRIVILEGES:

This level is for individuals who have been committed to the hospital for treatment and who have demonstrated the ability to appropriately handle increased responsibility for their own care and treatment. **Patient must be on this level for a minimum of six months before requesting Level D.**

Privileges:

A. The patient will continue to receive all privileges from the previous levels.

B. The patient may have cash - $10 per week, limited to $10 on person at any given time. May have as many coffee shop cards and calling cards as desired.

C. May keep own personal hygiene items (except glass bottles or items containing alcohol). Items must be kept in locked closet.

D. May have unsupervised dining room privileges.

E. May leave specific area to attend school within the building.

F. The patient may order pizza on Friday or Saturday night if approved by staff.

G. May have off-unit industrial (in building).

H. May stay up until 12:00 P.M. on weekends and holidays. 11:00 P.M. on weekdays.

I. May have 3 personal calls per day.

EXPECTATIONS (to request a level increase):

A. The patient will continue to meet the expectations from the previous levels.

B. Before being considered for Level D, the patient must do a write-up of his/her understanding of his/her medication regimen and goals addressed in the ICTP.

C. The patient is encouraged to have an on-grounds industrial.

LEVEL D DESCRIPTION/PRIVILEGES:

This step if for those individuals who have shown real consistency and pro-social behavior and attitude.

PRIVILEGES:

A. The patient will continue to receive all privileges from previous levels.

B. The patient may have $12 per week. May only have $12 on person at any given time. May have as many coffee shop cards and calling cards as desired.

C. The patient may have unsupervised dining room privileges.

D. The patient may have unsupervised courtyard privileges (during daylight hours.)

E. Unlimited personal calls.

EXPECTATIONS:

A. The patient will continue to meet the expectations from all previous levels.

LEVEL SYSTEM

Evaluation Track:
Patients here for an evaluation or observation (competency, GMI, NGI, PT)
ELS
OVS
Level 1

Not Competent Track:
Patients here as Not Competent
ELS
OVS
Level 1
Level 2

Treatment/Restricted Track:
Patients considered as "administrative risk"
ELS

OVS
Level A
Level B
Level C
Level D

Treatment Track:

All other patients (GMI, PP, NGI, Civil)
ELS
OVS
Level 1
Level 2
Level 3
Level 4

Notes:

If a patient's legal status or administrative risk should change for any reason, the patient will be reassigned to the appropriate level system as appropriate to his/her situation.

Patients can only advance in designated level system - cannot request a level from a different level system.

DOS and OVS are the same in all tracks; Level A and Level 1 offer identical privileges.

If a patient is re-admitted within a short period of time, his/her status may be modified to match the level he/she was on when discharged.

A level loss may occur if a patient participates in the following behaviors:

1. Physical aggression, i.e., hitting, choking, etc. a minimum of 2 weeks will be required before requesting the level back.
2. Verbal abuse, threatening, intimidating, a minimum of one week will be required before requesting the level back.
3. Failure to comply with other ward rules; requests will only be handled on Monday mornings. If the infraction occurred on the weekend, request will not necessarily be considered the following Monday, but could be delayed until the next Monday.
4. Compliance with individual treatment goals i.e., group attendance including diversional groups and activities, and taking prescribed medication, will be considered when a level increase is requested.
5. All on grounds and off grounds privileges will go through an administrative review. Exception in the defined level program must be considered through the SMT.

PATIENT GOVERNMENT PROTOCOL:

POLICY:

Each of the patient areas in the Forensic Building has a patient government in place.

Positions in the patient government include a president, vice president, and

secretary.
Other patient government positions may include activity, birthday, and industrial chairpersons.The purpose of the patient government is to facilitate formal communications between staff and patients. The members of the patient government
are to assist in representing patient needs and providing recommendations to the staff.
Members of the patient government do not have supervisory responsibility over other
patients. A staff advisor is assigned to assist each area's government in carrying out
their responsibilities. The patient government on each area functions as follows:

PROCEDURE:

1. Under the direction of the staff advisor, the president of each area conducts
a weekly ward meeting.

   1.1 Ward meetings are used to address issues such as patient requests,
   patient to patient issues, patient to staff issues, staff to patient issues,
   observation of others positive behaviors, various announcements etc.

   1.2 The activity, birthday, and industrial chairpersons may discuss issues
   related to their assignments in the ward meetings as needed.

2. Individuals will be elected to patient government positions by the patients
in their area and will be approved by the Service Management Team (SMT).

3. The staff advisors will collect, organize, and pass on the election results to a
member of the SMT.

   3.1 A patient must be Level One, Level A or higher in order to be elected
   to a patient government position.

4. The patient government will be reviewed every 3 months by the SMT for each
area. At this time, the SMT will determine if a change in patient leadership
would be appropriate.

5. The area president's responsibilities are to conduct the weekly ward meeting, assist in orienting new patients to the area, attend a weekly

"Leadership Group," and address patient issues in the Morning Meeting
each Monday.

6. The area vice president is responsible to assist the president in completing
his/her duties and to function in the president's place if the president is
absent.

7. The area secretary is to take minutes of ward meetings.

The orientation of new patients to the unit falls upon each member of our community
but is specifically the responsibility of the Staff. Staff members will review the unit
program, expectations, and ward schedule when the patient is stable. Other things
that should be discussed are unit security, and any questions the patient might have
related to services.

Time out is used to assist the patient in regaining control of his/her emotions and behaviors. A patient must stay in Time Out until calm and demonstrating self control
(as agreed upon by the staff and the patient involved)/ When a patient accepts voluntary Time Out he/she must not call out, yell or otherwise interact with any other patients. They must stay in the designated area , staying back away from the door way. The patient may converse with staff only when staff is in or close to the Time Out room. The patient is not to yell out of the Time Out room for staff or for any other reason. If the patient fails to comply with the Time Out structure he/she may be placed on area restriction, DOS or in seclusion at the discretion of the Nursing staff in conjunction with the psychiatrist.

Failure to follow the program may result in the loss of privileges and/or Levels.

1. Visits will be limited to previously approved immediate family only. Immediate
family shall be defined as father, mother, brother, sister, son, daughter, mother-in-law, father-in-law, wife, grandfather, grandmother, brother-in-law,
sister-in-law.

2. DOS patients are permitted one visit per week, from immediate family, based
upon their current behavior as cleared by the shift RN. OBS, step I or A, and
step II or B patients are allowed 2 visits per week limited to 1 hour each. (Combining of visits must be cleared by staff).

3. Step 3 and C patients may have more than 2 visits per week but they will also

be limited to 1 hour each.

4. Visiting hours are as follows: (Except during meals)

   Monday-Friday 7:00 p.m.-9:00 p.m.

   Weekends & Holidays 10:00 a.m.-9:00p.m.

   (Exceptions to these times must be pre-approved by staff)

5. Visits will not interfere with scheduled therapy times.

6. All patients will be shaken down and shoes taken off before and after visit.

7. All visitors must be cleared by the patients social worker before they will be allowed to visit and names must be listed on the patients list in Central Control.
   Visitors will not be allowed to visit unless they present their picture I.D.

8. The RN may use their discretion to clear visits x1 if not previously cleared.

9. A staff member shall be in the visiting room at all times monitoring the visits.

10. Visitors are not to bring bags or purses to the visiting. These must be left in
    the car or in a locker prior to entering visiting area.

11. Patients are allowed a hug and a kiss at the beginning and at the end of the visit,
    there is to be no other physical contact during the visit.

12. All money brought in for the patient must be taken to the switch board in the
    Administration building. This money will be available to you during banking hours
    for the purchase of coffee shop cards or telephone calls. Other uses of the money must be cleared through your social worker. Forensic staff cannot accept money or checks for patients.

13. There will be no inappropriate or excessive touching, kissing, note passing, or
    communication during the visit. This includes fighting, yelling, sexual advances,
    threatening comments, non-therapeutic talk of drugs or sex, loud laughing, or
    undermining. Visits will be terminated if this occurs. It may also affect status
    of future visits.

14. All visits will be in the visiting room (over flow to court room if appropriate level).
    Visits with children will only be permitted if they have been pre-approved

and
deemed therapeutic. A visit may be delayed due to the lack of visiting space.
Visitors bringing children must call at least 1 hour prior to visiting to see if there
will be enough staff to cover a space to visit.

15. Visitors under the age of 18 must be accompanied by a parent or legal guardian other than the patient. They must be pre-approved. No exceptions. Children can not be left unattended on hospital grounds, nor can they be left alone in the vehicle. Visitors must provide outside supervision for their minors at all times.

16. There will be no contact with your victim through letters, phone calls, etc. Victims of the patient will not be cleared to visit unless it is deemed therapeutic and then the visit must be supervised by the social worker.

17. Barrier visits may be deemed appropriate for some visits. This will be determine by the treatment team or the RN if an immediate decision needs to be made. Possible reasons for barrier visits, history of passing contraband, threat of passing contraband, etc…

18. All items brought in for patients are to be given to the staff member supervising the visit for approval. It will then be added to the patients inventory list before being given to the patient. Questionable items will need to be approved through the nursing staff within the boundaries of the policy. Items will be placed in patient belongings area in the patients bin.

POLICY:

Phone books are not allowed on the unit. Psych Techs will find any information needed for local calls, or social workers for out of area calls.

1. Telephone calls may be made between the hours of 9:00 a.m. and 10:00 p.m. Exceptions must be cleared through social worker and written in the cardex. (No phone calls are to be made during med line, meals, change of shift or formal activities.)
2. ELS patients:
   1 call per day to immediate family only. Supervised
3. OBS patients:
   2 calls per day to immediate family only. Supervised
4. Level 1-3 and A-C

   3 Calls per day to immediate family only. 1-Monitored 2 & 3 - Sponsored

   3 Calls are limited to 10 minutes each except those to attorneys, clergy, or the Division of Mental Health.

5. Phone calls to attorneys, clergy, or the Division of Mental Health will not be monitored. Staff members may dial the number to verify the connection

and to identify who is receiving the call.

4.1 Supervised: Staff will listen to conversation.

4.2 Monitored: Staff will dial and verify person (will not listen in on conversation).

4.3 Sponsored: Staff is aware of phone call being made by patients- verbal and written documentation in phone log.

6. The phone log must be filled out and signed when calls are made. The log should indicate if the call connected.

7. Telephone calls are not allowed during off-unit activities, medication times, coffee shop, change of shift or during scheduled therapy times.

8. Hanging up and redialing the phone will result in all phone calls being supervised.

POLICY:

All incoming mail to patients is checked to ensure that no contraband or items that would pose a security risk get to a patient.

1. All incoming patient mail is opened by staff in the presence of the receiving patient.

2. The staff member takes the letter out and shakes it to ensure that nothing is attached to the letter.

3. All checks or money are given to the unit environmentalist for processing. The patient is not to receive the check or money to keep in their personal possession.

3.1 If a check or money is sent to the patient when the environmentalist is not available, the check or money is placed in the narcotic drawer by the RN and a data note is entered in the chart.

3.1.1 The RN and a mentor verify the amount of money and/or check and places it in a sealed envelope, with two staff signatures on the envelope. This is documented on the envelope.

3.1.2. The RN sends an e-mail to the environmentalist making them aware that we received a check and/or money and that it is located in the narcotics locked box.

4. All incoming packages are opened by a staff member, with the receiving patient being present while it is being opened.

4.1 Contents are checked by the nursing staff as to appropriateness for the unit.

4.1.1 Staff refer to Forensic Policy and Procedure for belongings limit and items not allowed.

4.2 All personal items are logged in on the patient's belongings sheet.

4.3 Inappropriate items are logged in and placed in the patient long term belongings storage area by a SPT.

5. Outgoing patient mail is only restricted for good cause following USHOPP policy and procedures which includes a requirement for an MD order for any restriction.

(USHOPP: Special Treatment Procedures; Section & Restrictions and Limitation of Patient Rights).

1. Roll call will be conducted before each meal. Patients will go down the hall by the dining room and line up. Each patient will respond appropriately to name when called.
2. Patient's must be in hall where they can be seen and heard by the staff member who is doing roll call. Exceptions can be made for those who are doing lab work, appointments or at the discretion of staff.
3. Failure to make roll call may warrant consequences, such as loss of day's privileges or area restriction, as the RN designates and by a Doctors order.

All videos viewed by the patients must be approved by staff and must be rented or purchased by the unit. No home or personal videos are allowed on the unit. No rated "R" movies will be shown on the unit. Staff may terminate inappropriate programs at their discretion.

1. Staff will be in charge of the Television and remote at all times.
2. If patients cannot agree on what to watch, there will be a vote taken, and/or staff will decide.
3. If more than one TV on the unit is on, they will be on different programs.
4. The TV will not be on during meals, ward work, current events and other groups.
5. Staff will monitor what is watched and will determine whether or not a program is appropriate for the therapeutic environment.
6. Patients will be held accountable for knowing and following the unit policies and procedures, both written and verbal at staff discretion.

FORENSIC ACUTE PATIENT PROPERTY:
Headbands and bandannas are not allowed 2 hats with appropriate logos.
Beanie hats are only allowed outside.
Sunglasses are only allowed to be worn outdoors.
2 pairs of shoes or boots (slippers not included).
No cowboy or steel-toed boots.
20 pants and shirts in any combination. Pajamas are not included in the count.
Gang attire or baggy pants are not allowed.
7 pairs socks

1 belt (no large buckles) has to be approved by team
7 underwear
1 pair gloves or mitts
1 band ring (no bulky rings) Earrings (studs only, one set)
1 watch
Any expensive clothing or jewelry items will be allowed at staff's discretion. The patient will be required to sign a waiver releasing staff of responsibility if any items are lost, stolen or damaged.
Miscellaneous Items Not Allowed

Plastic bags
Big boxes (only shoe-box size)
Luggage
Backpacks Duffle bags
Wire bound notebooks Ringed binders
Neck ties
Metal Containers
Picture frames
Cameras
Recording devices
Wallet chains
Glass containers
Store-bought nick-knacks
Hairdryers
Personal videos
Stuffed animals
Food from visitors
Candy (B-days only and pre-approved by team)
Money
Walkmans
Plants
Tape/CD players
Personal televisions

POLICY:

Sign out to leave the ward will be done in the following manner:

PROCEDURE:

1. All sign out slips will have:

   1.1 The person's name (and escort's name).

   1.2 The correct date.

   1.3 The destination.

   1.4 Time when leaving and the time returning (military time).

   1.5 All sign out slips will be checked and signed by one of the following: Administrator, RN, LPN, SW, doctor, OT, or RT

and initialed by a staff member on the unit .

1.6 The description of clothing worn (shirt and pant color) if going out of the building.

2. Staff members should only take ELS patients off the unit as approved by the doctor.

Individuals may request increases in levels or other privileges. Requests are to be made on a "request form." Individuals are limited to one formal request per week. These requests are to go through proper channels. They first go to the ward meeting to be considered by the community. They are then sent to change of shift (COS) where unit staff comment on the appropriateness of granting the request. Following COS the requests are sent to the treatment team. The treatment team considers the feedback of the other two groups and makes a final decision on the request

TREATMENT PLANNING FOR EVALUATION PATIENTS

POLICY:

Patients, who are placed on the Forensic Unit for evaluation purposes, have the completion of the evaluation process identified in their individual comprehensive treatment plan (ICTP) as the primary purpose of their hospitalization. Generally, treatment beyond the evaluation process is not provided. Additional treatment objectives may be addressed if a specific safety or medical need is identified.

PROCEDURE:

1. Upon admission, Forensic Unit staff will complete assessments of the evaluation patient in accordance to USH policy. Assessments are to be completed by a psychiatrist, social worker, medical staff member and registered nurse.
2. A provisional treatment plan is to be completed within 72 hours of the patient's admission. This plan will identify the evaluation process as the purpose for the patient's hospitalization.
   2.1 Any safety or medical needs that require immediate attention will be identified along with goals, objectives and modalities to address these problems. the staff member who provides care for an identified problem is responsible to document the care being provided in accordance with USH policy.
3. The treating psychiatrist, social worker and registered nurse are to write weekly progress notes on evaluation patients for the first 8 weeks of hospitalization and 30-day progress notes thereafter. Recreational therapists are not required to do weekly notes on evaluation patients. If an evaluation patient changes to treatment status within the first 8 weeks of treatment, the recreational therapist assigned is to begin writing weekly notes until the patient has been in the hospital for 8 weeks.

4. An ICTP is not completed on evaluation patients who are returning to court. An exception to this would be in situations where safety or medical needs that require immediate attention are identified.
5. The evaluation process is normally completed within 30 to 60 days. If a patient remains on the Forensic Unit in excess of 60 days, a treatment plan is to be developed which includes a strengths list and problem lists along with goals, objectives and modalities from each discipline providing treatment.
6. Evaluation patients are encouraged to participate in unit activities. Diversional and physical activities will be available to them daily. An evaluation patient may also request the opportunity to participate in treatment focused groups and activities that are provided on the unit.
7. A statement will be written on the ICTP form and maintained in the patient record identifying evaluation patients who do not require the development of a formal treatment plan. The statement will be as follows: "patient is committed to the Utah State Hospital for evaluation and not for treatment at this time. A treatment plan will be established at a later date if the patient is found not competent and is returned for treatment. Patient will be assessed for immediate safety and medical needs and any necessary treatment will be provided during the evaluation process."

PROTOCOL FOR THE DURESS SYSTEM

All Forensic Staff and visiting staff will have access to a duress button. *Duress system is located in Central Control and is maintained by trained staff to ensure the safety and security of all staff and patients in the Forensic building.*

1. Each person will be issued a duress button upon being hired by the Forensic Unit.

2. The transmitter should be issued when the employee officially starts work on the Forensic Unit.

3. The administrator or designee will enter the appropriate information into the duress system.

4. Identifying information (staff name, position, sex, build, eye color and hair color) is gathered fromt he employee and entered into the computer as part of the process to activate their transmitter.

   4.1 A list will be kept of all staff who are issued security duress transmitters.

5. The employee will sign and date that they have been issued the transmitter and be given instructions on testing/activating the transmitter.

   5.1 Transmitters are tested by pressing one side and then the other. Transmitters activate the system by pressing both sides simultaneously for a minimum of three seconds.

   5.2 Duress transmitters are available to be checked out for Central Control

by acuity psych techs, outside evaluators, or other visiting staff.

6. Staff are responsible to test their issued duress transmitter at the beginning of their work week to ensure that it is working properly.

   6.1 A yearly update/test will be completed by the administrator/designee. At this time each staff member will activate their transmitter while standing in front of Central Control.

   6.2 The system reports when a transmitter has a low battery. The staff are responsible to report a low battery status to and administrator/designee. The administrator or designee will replace batteries as needed.

   6.3 If staff have a low battery they can check out another duress button while on duty.

7. Staff are responsible to wear their transmitter while working and use it as necessary.

8. When terminating employment on the Forensic Unit staff are responsible to return the transmitter to the administrator or designee.

9. Staff may be responsible for the cost of any damages to their duress button other than work related damages.

10. *Central Control staff only perform essential duress system duties on the duress system computer.*